DOCUMENT RESUME

ED 166 303 UD 019 072

TITLE	Issues in Black Mental Health; Selected Conference Papers.
INSTITUTION	Southern Regional Education Board, Atlanta, Ga.
SPONS AGENCY	National Inst. of Mental Health (DHEW), Rockville, Md.
PUB DATE	Apr 78
GRANT	NIMH-12679-04
NOTE	156p.; Pages 127-146 (copyrighted material) have been deleted; For related documents, see UD 019 073-074 ; Research sponsored in part by the Community Clinical Psychology Project of the Southern Regional Education Board, Atlanta
EDRS PRICE	MF-$0.83 HC-$8.69 Plus Postage.
DESCRIPTORS	*Blacks; Community Service Programs; Conference Reports; Family Counseling; Interpersonal Relationship; *Mental Health; Psychological Evaluation; Psychological Services; School Role; *Social Change; Socioeconomic Status; *Sociopsychological Services

ABSTRACT

In this report of a conference on black mental health, papers presented are reprinted. Among those included are: (1) "Theoretical and Philosophical Considerations for Social Change Agentry: A Systems Approach," by Robert Tucker; (2) "Assessment Strategies and Techniques for Black Clients," by Keturah Whitehurst; (3) "Educational Institutions and the Black Child," by Thom Moore; (4) "Socio-Sexual Communication Between Black Men and Black Women," by William H. Wheeler; (5) "Family Service Community--A Mental Health Problem-Solving Systems Treatment," by Gary Ware; (6) "Transactional Analysis (Ego States) and the Mental Health of Blacks," by James E. Savage, Jr. and Yvonne B. Kelley; and (7) "Research and Training for Community Clinical Psychology," by Robert V. Guthrie. (WI)

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ISSUES IN BLACK MENTAL HEALTH

Selected Conference Papers

Sponsored by

The Community Clinical Psychology Project
of
The Southern Regional Education Board
130 Sixth Street, N.W.
Atlanta, Georgia 30313

April, 1978

U.S. DEPARTMENT OF HEALTH,
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National Institute of Mental Health
Grant No. 12679-04

UD019072

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INTRODUCTION

In 1963 the Congress of the United States passed the Community Mental Health Centers Act and radically changed both the substance and practice of mental health service delivery. The fact that the community mental health revolution had its inception during a period of a larger civil rights revolution in this country shaped the nature and content of this Act. Certain explicit and implied features of the Act had very special significance for black communities and generally raised expectations of black mental health and human service workers.

Although the concept of community control attracted the major attention of the political leaders, it was the promise that the new system would focus on prevention and would make a priority of identifying and serving previously unserved persons and groups "at risk" that caught the attention of Mental Health workers. It would have the capacity to address those forces and problems of communities that mitigate against the expression of healthy behavior while simultaneously shaping and reinforcing destructive behavior.

The regulations later formulated by the National Institute of Mental Health to implement the Act strongly emphasized secondary prevention. Early detection and treatment of those "at risk" were seen as the most efficient and effective method of minimizing the harmful and debilitating impact of mental illness on individuals, families and communities.

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Of those black clients who are able to hold their fears in abeyance and seek help, few return for therapy after going through the intake procedure. More often than not the black client's fear of the system has kept him from seeking help until he is in crisis; consequently, the client has a need to receive treatment rather than just evaluation on the first visit. The best estimate of the dropout rate at intake is around 60 percent. Of the 35 to 40 percent who return for therapy, many will drop out before the treatment plan is fully implemented.

There is considerable evidence that the few who do remain in treatment are ill serviced by the system. This is evidenced by the fact that it is a rare community mental health center that can produce the records of more than a handful of black clients who have received therapeutic interventions other than chemotherapy.

It seems that this inappropriate handling of the problems of black clients has its roots embedded in the denial of some very fundamental differences between blacks and whites. While it is true that blacks and whites are alike in more ways than they are different, the fact remains that they differ in some significant ways. Blacks have had unique experiences. To deny that these experiences have shaped a unique group of people on the human scene flies in the face of some very basic principles of the helping professions and the educational system.

In therepeutic intervention it is assumed that the therapist or counselor can structure a set of experiences that will change the behavior and attitudes

Over the past decade and a half over 400 Community Mental Health Centers have been developed under the Act. These centers have experienced many successes and failures as they pursued their objectives. One failure that stands in bold relief is the centers' inability to effectively reach high risk groups with their services.

Although the preponderance of epidemological data indicates that blacks in genreal and black men in particular are primarily "at risk" in most states, they are seriously underserved by the community mental health system. High prison census rates, increased conflicts with the juvenile and criminal justice systems, higher incidents of homocide, high rates of drug and alcohol abuse, high rates of school dropouts and push outs, and increased incidents of diabetes and hypertension are all indices that support the assumption that blacks are very much "at risk." However, an analysis of the allocation of mental health center resources more often than not reveals an inverse relationship between the use of mental health center resources and the extent to which groups are "at risk."

Under-utilization of services by black people is a very complex problem with multiple causality. The historical record of black people's encounters with the mental health system has produced a strong fear of mental health agencies because mental health agencies have often been perceived as the front door to the back ward of a state hospital. The negative image of mental health facilities projected by the printed and electronic media has obviously contributed to this fear.

of another person. In education it is assumed that the teacher or instructor can structure a set of classroom experiences that will change the behavior of students. In order to structure such therapeutic or classroom experiences the therapist or teacher must have an understanding of the unique experiences and needs of the persons to be served. The purpose of this publication is to identify some of the ways in which black people are unique and explore these unique qualities and their implication for effective delivery of services and for training.

The papers that comprise this publication were selected from a series of conferences on "Issues in Black Mental Health" sponsored by the Community Clinical Psychology project of the Southern Regional Education Board.

Louis A. Ramey
Project Director
Community Clinical Psychology

THEORETICAL AND PHILOSOPHICAL CONSIDERATIONS FOR SOCIAL CHANGE AGENTRY: A SYSTEMS APPROACH

Robert C. Tucker
Associate Professor of Clinical Psychology
Yale University

PREFACE

Many of the hypotheses and constructs underlying this theoretical presentation are drawn from Western (white) thought. This is done advisedly, judiciously and unashamedly, in that "borrowings" are essentially apolitical in nature. Social and political statements arise only out of the context and ordering of these "borrowings," and the writer accepts full responsibility for these.

The writer does not presume to prescribe the appropriate political posture for anyone. What is offered is a potentially helpful frame of reference and a methodology for action planning -- planning that does not pit one group of black people against another.

INTRODUCTION

What follows is an attempt to conceptualize the process of social change in open systems terms, and to develop a rational framework for social action. The systems approach was chosen because of its cogency and utility for scholars and practitioners who hope to intervene in the social change process. The systems approach is particularly useful because it permits study to proceed from the lowest to the highest level of analysis, and lends itself to the development of probability scales for predicting the impact of planned interventions.

Antecedents for social system theory can be found in Hegelian philosophy, Gibsian physics and Gestalt psychology, all of which addressed the question of mutuality in energy systems. Social systems constructs derive from general systems theory, cybernetics, and information theory (Monane, 1967). In each case, the objects of study are dynamic energy systems undergoing change at differential rates.

Variations of social system thinking can be found in the works of De Coulanges, Weiner, Lewis, Parsons, Gerth and Mills. The purpose here, however, is not to provide a review of the literature, but to develop an action theory for intervention. (For more extensive discussion of social systems theory, see Parsons, 1954; Rappaport, 1956; Boulding, 1965; von Bertalanffy, 1968; and Buckley, 1968).

SOCIAL SYSTEMS

A social system is a set of social units with relationships (patterns of action) among them (Miller, 1965; Monane, 1967). A social system is multi-dimensional with human units (components) of varying power, complex-energy sending mechanisms (patterns of communication), internal boundaries (separating the components), and external boundaries that define the system for its environment.

All social systems are open systems, having mechanisms for exchanging energy with the environment (accepting new material and excreting waste), and having boundaries that are differentially permeable (Katz and Kahn, 1966). Social systems with diffuse boundaries that permit virtually unlimited exchange with the environment cannot be differentiated from the environment and inevitably experience a dissipation of energy leading to system disintegration. Systems having strong, impermeable boundaries are subject to the second principle (law) of thermo-dynamics (exchange of heat, or energy, leading to thermal equilibruim) and tend to move toward disarray, entropy[1] and death (Weinter, 1948; Brillouin, 1949).

Living systems require energy exchange with the environment to maintain vitality and are, therefore, always in the process of change. Stable systems are organized in such a way that change may be introduced in a more or less orderly and beneficient way, with minimum system disruption and maximum gain.

Systems of low organization have weak, diffuse internal and external boundaries. This form of organization is most amenable to the introduction of change forces, but is less appropriate for the incorporation of change as a helpful agent for system maintenance. Systems of high organization, having strong, differentially permeable boundaries with carefully designed gateways, tend to be less receptive to change, but are more capable of absorbing and incorporating change for system enhancement -- with minimal system disruption.

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[1] Entropy is defined as the degradation of matter and energy in a closed system to an ultimate state on inert uniformity. Entropy, by its definition, is a closed system phenomenon. Open systems always exchange energy with the environment and even though they may move toward entropy, they never achieve it.

System life expectancy is a function of system organization. Systems that survive are those that are well organized to convert incoming negative energy (ideas or actions that are in opposition to the current imbalance of power and direction of the system), and to incorporate these as helpful forces that slow the movement toward entropy (Lewin, 1951). Further, healthy systems tend to import more energy than they expend and develop reserves to ensure that the system does not run down, i.e., the system moves toward negative entropy (von Bertalanffy, 1968).[2] Systems that resist importation of new energy do not change and, therefore, do not survive.

SYSTEMIC CHANGE

Alderfer (1971) defines change (very neatly) as movement from one state to another. Weiner defined change as the movement of all systems (and the universe itself) toward entropy. Hegel defined change as the resolution of conflict beween unequal, competing forces. In all cases, change involves communication and an exchange of energy between two or more units, resulting in a different relationship between the two units. In the process, energy is exchanged differentially, and intra-system and inter-system power relations are affected.[3] Change, therefore, has the potential for increasing or reducing power differences between the components of a system.

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[2] Negative entropy is the product of an open system's commerce with the environment in which it imports more energy that it expends, and in which it stores that energy to prolong its life. Also see Rappaport (1956) and Brillouin (1949).

Change in and of itself is a value-free term, and it would be inappropriate to categorize any social system as being for or against change. Different change possibilities elicit different responses from different systems; and different systems tolerate different levels and quantities of change. The appropriateness and efficiency of system response to change is largely a function of organization.

Highly organized systems tend to maintain greater power disparities between components than systems of low organization and are more inclined to establish efficient methods for keeping inter-component power ratios constant (Monane, 1967). Coding mechanisms are set up to examine the incoming change vectors to determine their suitability for admission (Katz and Kahn, 1966). These coding mechanisms, called institutions, readily admit change forces that support the extant power ratio and culture of the system (positive vectors), and reject, absorb, or convert change forces that oppose that ratio and/or that direction (negative vectors).[4]

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[3] Power is defined here as the ability to influence the conduct of others even against their will (Gerth and Mills, 1964).

[4] Negative vectors must be differentiated from negative feedback which, in the science of cybernetics, informs the servo-mechanisms that the quality of change is inappropriate; e.g., that the room is too cold or hot, that the spaceship is off course, that the red hue is too bright, etc. Negative feedback is in support of the system direction, negative vectors oppose the system direction.

THE PROCESS OF CHANGE

Change occurs as a result of action. This tautology has been formalized in physics as Newton's Third Law and in philosophy as the Hegelian Dialectic. Both posit the notion that change is brought about through interaction between unequal forces, and that this interaction occurs as a result of that inequality. The struggle between these forces is resolved when a new equilibrium is achieved, i.e., inequalities are removed or boundaries are reinforced. Within a social system this process is initiated by the introduction of a new idea, a new input, that throws the system out of balance. It is resolved when a new balance is achieved. If this balance is not challenged by a new idea, the system tends to move toward entropy.

In Hegelian terms, a new idea is conceptualized as a thesis (action) which gives rise to a counter-idea or antithesis (reaction). The struggle between these forces is resolved through compromise. This compromise, or synthesis, is the basic unit of social change (also see Boulding, 1970). Change, therefore, comes about through conflict within a system. Failure to resolve conflicts results in system disintegration. Failure to generate conflict results in system death.

It may be useful to provide a human systems analogy to illustrate this principle. Envision the thesis as a woman with a new idea on the role of women in society.[5] The antithesis may be anthropomorphized as her rather doctrinaire husband who is threatened by the new idea -- he sees his interests being best served by preservation of the old ordering and definition of roles. The ensuing conflict affects other components of the system (children, relatives) in such a way that system stability is threatened. Left unresolved, this conflict would lead to system disarray, and eventually to system disintegration. Resolution of conflict would mean change.

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[5] This woman has achieved the first increment of what Freire (1972) called critical consciousness, "learning to perceive social, political and economic contradictions and to take action against the oppressive elements of reality." If this is so, she can never be subjugated again: her mind has been liberated.

This particular conflict may be resolved in a number of ways, e.g., murder or divorce (expelling one of the components), negotiation (each of the components modifying demands), or by overwhelming force (encapsulating the weaker component). In any case, the idea would be responded to and a compromise would be reached. Resolution is inevitably a compromise because regardless of how conflict is resolved, both parties must lose something. Murder or divorce would be as much a compromise as negotiation, in that both would lead to inconvenience and a shift in the power relations between the remaining components.

Even in simple subsystems, such as the nuclear family, dramatic change as described here is generally precipitated by much smaller increments of change. Some change must have occurred in the psychic system of the wife to enable her to envision possibilities for a new ordering of roles, and to enable her to take action to alter the status quo. Similarly, change had to take place in the environment to elicit and support a change in her psychic system.

In more complex social systems, dramatic change occurs with less frequency and always with much greater difficulty, i.e., dramatic change is the least probable form of change. This is so because complex social systems are better prepared to efficiently repel, absorb and convert negative change vectors.

The idea of an emancipated wife is more threatening to the husband than to the neighborhood; more threatening to the neighborhood than to the city; more threatening to the city than to the region; etc. The city structure (and the ordering of roles therein) will not be affected until the wife is joined in her rebellion by several other wives. Until then her activity can be tolerated as a minor nuisance that poses no particular threat: the change vector may be absorbed.

If the wife becomes more insistent, the city power components may respond by offering her a subservient or inferior job as a crossing guard or meter maid, thus responding positively to her demands but converting them into activities that support the notion of role differentiation based on sex and the primacy of males in the world of work: the change vector may be converted.

On the other hand, the power components may accurately forsee that this change will lead to other changes that will eventually subvert the system. In this case they may decide to arrest or exile the woman to ward off the future threat: the change vector may be repelled or repressed.

It is possible that incremental change in one area may be offset by an incremental response in another area that leads to an outcome that pleases no one; but were the city to respond positively to the demand for change, this woman's successful challenge to the system might lead to acceptance of changed roles for other women. The probability of such change is increased because precedence has been established, and the idea of emancipated women will not be foreign to the city system. Acceptance of a changed role for women will make it easier to accept contraception, then abortion, then the new family forms, etc.[6]

The major principles implicit above are that, (1) change tends to proceed from the smallest units upward; from unit to component, from component to system, and from system to larger system; and (2) the order in which change vectors are accepted into a social system corresponds directly to their respective similarity with change units already admitted. This tendency of change to proceed with direction, from smaller units to larger units, will henceforth be referred to as the precedent principle.

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[6] Imagine three vastly different keys, only one of which will open the door into a social system. Call this key, #1. Call one of the remaining keys, #500 and the other, #XYZ. We introduce 498 additional keys, one at a time, varying each from the preceding key until #499 is almost a duplicate of #500, and #2 almost a duplicate of #1. We then proceed to operate the lock beginning with #2 and proceeding upward; each new key will force a slight change in the conformation of the lock that will make the entrance of the preceding key less difficult. Eventually the lock will accept key #500, but will continue to reject #XYZ.

INSTITUTIONAL CHANGE

As was noted above, positive change vectors are readily accepted into a complex social system (passing easily through a differentially permeable boundary), while negative vectors tend to be repelled, absorbed, or converted. Within a social political system this task is handled by basic social institutions, the mechanisms through which stable social systems manage the rate and quality of internal change.

A basic social institution is an organization of roles, one or more of which is understood to serve in the maintenance of the total set of roles (Gerth and Mills, 1964). These are negative vector resistant entities whose major function is to preserve themselves, and to keep the power ratio between roles constant. These institutions may be grouped into five basic orders: political (governmental), economic, military (police), kinship (family), and religious, all of which are characterized by special functions and by special technologic, symbolic, status and educative (socializing) mechanisms (Gerth and Mills, 1964).

Institutional change is effected by altering the structure and function of the organizations and agencies (institutions) that comprise the basic institutional orders (churches, political parties, schools, governmental agencies, families, etc.). Change in any part of the system will lead other parts to change. This may occur as a consequence of purposeful, human action, or as a result of the action of impersonal mechanisms that redefine their relevance and purpose. As institutions change, institutional orders change; and as institutional orders change, social systems change.

SOCIAL CHANGE

The unit of analysis here is a social-political system with clear legal geographical boundaries. Social change is defined simply as change in the relationships between the components of such a system. This change results from natural, emergent or planned action that has evolutionary or revolutionary impact on the social system.[7]

Social-political systems (such as the U.S.) invariably respond more positively to evolutionary change forces than to revolutionary change forces. Evolutionary vectors are ideological lines of force (compelling new ideas, values, beliefs) that enter the system slowly through proper gateways to be carefully evaluated by institutional gatekeepers. Revolutionary vectors, on the other hand, attack with great speed and force, flood the gateways, assault the boundaries at the most vulnerable points, and totally disrupt the system.

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[7] Natural change is accidental, occuring independent of human efforts, e.g., changes in ecological and housing patterns brought about in San Francisco as a result of earthquakes or in Miami as a result of beach erosion. Natural change often produces favorable conditions or sets limits for other forms of change. It comes about as a result of the resolution of conflict within and between physical systems.

Emergent change, on the other hand, comes about as the logical consequence of the collective action of men (Bloomberg, 1967), modified by natural pre-conditons. It is not consciously planned, it simply emerges over time. Washburne (1954) called this phenomenon socio-cultural drift, the gradual changing of social institutions with no conscious planning, as a result of the convergence of several small changes.

Planned change occurs as a result of direct interventions and manipulations of the social system by power components within the system, e.g., legislative action, revolutionary action, war, labor negotiations, etc.

Evolutionary change proceeds mainly through a long series of interrelated incremental changes, each of which is small in itself, but all of which cumulate to transform the character of man and his society (Bloomberg, 1967). In this process the social system is transformed to bring into being whole new potentialities for further development and change (the precedent principle).

Revolutionary change, on the other hand, implies cataclysmic action that brings about major structural and systemic changes in a short period of time. As a concomitant to revolution, new perceptions of reality and new conceptions of the proper order of things lead to major changes in these basic institutions which establish cultural patterns and preserve social order.

Revolutionary change is made possible by evolutionary changes. Social revolution brings to fruition some of the long-run evolutionary social changes which have been building up for centuries, but have not yet become dominant because of incompatibility with existing social structures and cultural themes. Unlike evolutionary change which proceeds over centuries, revolutionary change occurs within the lifetime of one generation -- but its effects are felt for many generations to follow (Bloomberg, 1967).

In the U.S., revolutionary change in the basic social institutions is highly improbable. Political and social revolution is most probable in systems of low organization and in settings where there is widespread dissatisfaction. The U.S. is highly organized and has comparatively little general dissatisfaction with system functioning or the distribution of power. In this setting, evolutionary change is the most probable form of change.

CHANGE AGENTRY

Change agentry is the practice of planned intervention in the process of social change to accelerate the introduction and acceptance of negative change vectors into a social system. A change agent is an individual who practices change agentry. Though he may also catalyze, he must be clearly differentiated from the action catalyst who simply poses a negative question (expressive action) which initiates a change process. The change agent not only poses the appropriate question, but when necessary, skillfully follows through with the challenge to the system and skillfully negotiates acceptance and incorporation of the new ideas (instrumental action).

Instrumental action is grounded in rational decision making. Action alternatives are weighed in terms of an estimation of their desirability and probability ratio is identified and implemented. Probabilities are derived from objective analysis of data. Desirability indices are derived from subjective analysis of data, and subjective judgments about what is good or bad for the system. Change agentry, therefore, is a political process, is only part science, and is partly art.

CHANGE AGENTRY PRACTICE

In accord with the precedent principle, social systems tend to be highly resistant to dramatic change. Opposition is weakest among low power components who have little to lose, stronger among middle power components who stand to lose more, and strongest among high power components who have most to lose (except in cases where the issue is dramatic positive change). All components view change with a trepidation that often overshadows feelings of discontent and dissatisfaction.

> . . .who would these fardels bear,
> To grunt and sweat under a weary life,
> But that the dread of something after death--
> The undiscover'd country, from whose bourn
> No traveller returns--puzzles the will,
> And makes us rather bear those ills we have
> Than fly to others that we know not of?
> Thus conscience does make cowards of us all,
> And thus the native hue of resolution,
> Is sicklied o'er with the pale cast of thought,
> And enterprises of great pits and moment
> Found out the exact measure of injustice and wrong
> Which will be imposed upon them. . .
> (*Hamlet*,III,i,56)

Demands may be expressed in many ways but are most instrumental when emphasized by action. For illustrative purposes, two specific types of action will be discussed here: mass action (disruption/peaceful demonstrations) and small group action (subversion, proselytzing).[8] In accord with the precedent principle, mass action is made possible by the long-term effects of small group action.

Mass action has the potential for flooding the gateways and crumbling the boundaries of a social system, presenting the system with challenges more numerous than it can efficiently handle. System disruption leads to system disarray which will, if left uncorrected, lead to system disintegration. The challenge, therefore, cannot be ignored. If the system cannot repel the attack, it has no choice but to negotiate with the attackers.

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[8] The way an idea or action is symbolized greatly influences how it is perceived, and vice-versa. Mass action may be called "disruption" or "peaceful demonstrations" depending upon the sympathies of the person describing the action. Thus, "proselytzing" may be called "subversion". "Freedom Fighters" may be called "insurgents", "segregationists" may call themselves "advocates of neighborhood schools".

In real social-political systems, the process of negotiation is difficult because mass action participants seldom agree on what the demands are -- or what the settlement should be. Additionally, fear among system components mitigates against acceptance of radical change, thus limiting the freedom of gatekeepers to negotiate.

The change agent has the dual problem of devising a compromise that the gatekeepers can deliver, and developing a strategy for selling that compromise to his more expressive colleagues.[9] Yet, he knows that without some rapprochement the total system may be destroyed. Still no one will be satisfied with the compromise, and he must discover some means of soothing both groups.

This may be achieved by switching tactics. Allow the system a period of calm during which the new changes may be incorporated, while simultaneously organizing the group to begin planning for the next action. Subsequent action will be aimed at further developing and extending the gains made in the first action.

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[9] The more expressive colleagues not only act as catalysts for the social system, but for their sub-system (component) as well. The same dialectic that occurs in the larger system occurs also in the smaller group.

For instance, a campaign to establish (black) community control over the schools may result in a compromise under which the right to hire and fire teachers is granted, but the demand for a separate budget is denied. The activist group, after deliberation, may decide to wait as long as a year before undertaking more fundamental negotiations. In other cases, the group may sense that follow-up action should be taken immediately before the system reinforces its boundaries and gateways, and before the action troops lose interest. Either way, there are considerable dangers for action failure or for system collapse.

Mass action has advantages and disadvantages. The major advantage is its potential for exerting controlled, organized force. The major disadvantages are its potential for creating unpredictable, undesirable and uncontrollable chaos that may lead to system destruction. Moreover, it is as difficult to launch as it is to control. Mass action is possible only where there is widespread discontent that cuts across components of the system.

Small group action lays the goundwork for mass action, and small groups are the building blocks for large groups. Small group action is, therefore, the more typical form of group action. The life of an active, small group is quite tenuous, however, because it is vulnerable to arbitrary or whimsical attacks from the power components of the system. This is so because the system has adequate resources to repress, convert or absorb small group attacks with little or no system disruption.

Small groups must develop strategy with great care if they are to avoid absorption; with great clarity if they are to avoid conversion; and with great tact if they are to avoid repression. Targets of protest must be carefully selected to avoid a situation in which all of the power components are antagonized. Survival is largely dependent upon a small group's ability to distract power components by aligning itself with one or the other, pitting them against one another, and by avoiding action that would encourage them to take joint action against the small group.

For example, the "Freedom Riders" of the Sixties would have been totally unsuccessful had they alienated the power components of both the North and the South (Waskow, 1967). The sight of Southern police ruthlessly bludgeoning black and white Freedom Riders brought about a flood of revulsion and outrage among Northern moderates and liberals that was translated into considerable pressure for official political action to restrain the Southern subsystem.

When the protesters shifted their attention to the North, however, much of their support dwindled, and the movement was besieged by opposition from all power components including their former allies (Northern moderates, church groups, labor unions, etc.). Those who supported school integration in the South opposed it for the North where their children might be forced to attend school with blacks. The rhetoric of opposition to integration was different in the North, but the goal of resistance was identical to that which was prevalent in the South (Carmichael, Hamilton, 1967).

A moralist/expressionist would view the shift in the focus of attack as morally and logically consistent with the thrust of the movement. A pragmatist/instrumentalist would view it as indefensibly faulty strategy -- with extremely low probability of success. One's evaluation of this action varies with one's philosophy. Those who feel that nothing but the most desirable outcome is acceptable (all or nothing) will support the "go for broke" Northern strategy. Those who have a sense of history and system functioning will be more inclined to settle for the most favorable of the most probable outcomes (Bross, 1965).

This is not to say that the civil rights movement should not have addressed itself to the problems of the North. It is to say that the timing was poor. Similarly, in this decade, an off-shoot of the civil rights movement, the busing to achieve racial balance campaign, is ill-timed and completely out of keeping with the skilled practice of change agentry. If the goal is quality education, the principle of equifinality (von Bertalanffy) dictates that it could be achieved by other means that have higher success probabilities.

There is no evidence that a significant number of high or low power components support busing, and there appears to be substantial opposition to it among all components, including low power black components -- in whose name the battle is being fought. On the other hand, there is substantial evidence that there is strong and widespread opposition to busing, and that social trends mitigate against it.[10] Yet, many die-hard civil righters continue to press for highly improbable status concessions and in the process expend valuable energy and resources that could more profitably be utilized in securing important welfare benefits.

In the face of negative trends and dwindling support, raising the issue of busing makes sense only as part of the strategy to gain support for another unpopular, but less volatile, alternative. Many components who oppose busing do so with mixed feelings and some guilt. These components would prefer to have something to support, rather than something to oppose. The spectre of busing makes other less "radical" alternatives seem moderate in comparison.

For example, demands for "compensatory education" or even "community control of the schools," may be more graciously received if they are juxtaposed against demands for busing. It may be helpful to call this process perceptive de-radicalization: reducing the fear-inducing potential of one idea by juxtaposing it against another idea that is vastly more frightening to the social political system.

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[10] In the 1972 Democratic Primary campaign, the candidate who focused his entire campaign around the issue of busing won 30-48 percent of the popular vote in three states where busing had been ordered by state or federal courts. Other candidates sensing the ground swell of resentment, had (with few exceptions) modified their stands on busing to take into account the widespread opposition to busing among their constitutents.

This situation presents quite a dilemma for black and liberal politicians who may genuinely oppose busing for non-racist reasons: to be anti-busing is symbolized as being anti-black. Conversely, those who are anti-black may cloak their racism in "anti-busing" or "pro-neighborhood schools" rhetoric; the meaning of which is immediately apparent to their anti-black supporters, but the face of which is acceptable and civil.

A clever change agent who has determined that community control of the schools is a necessary and possible step toward achieving quality education for community children, may decide to include perceptive deradicalization as his major negotiation tool.[11] In a maneuver that has often been used by unions and civil rights groups, he takes into confidence a radical integrationist friend and persuades him to attend a school board meeting with him to discuss the issue of quality education. They carefully set up a situation in which the issue of segregated schools is discussed.[12]

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[11] In this case, and in all subsequent illustrations in this paper, the agent of change is an individual whose primary identification is with low-power groups. He is person who, by virtue of his origin, (in a higher power group) education or leadership position, has influence with middle or high-power groups. This influence is based partly upon the change agent's possession of highly valued skills and information, and partly upon his reputation as being trustworthy and ethical. He is able to communicate with all three significant power groups and is formally or informally employed as a gatekeeper, but while normal gatekeepers hold primary allegiance to high power components, his primary allegiance is to components of low-power.

[12] In this case, the change agent must convince the radical integrationist to cooperate in an action that is at least in part antithetical to his (the radical integrationist) primary goals. This requires very difficult prenegotiation and persuasion. If persuasion does not work with the first individual, he has exposed his plan and may be labeled as immoral or manipulative (or both), making it difficult to recruit another radical-integrationist ally.

He is therefore faced with a very sticky ethical issue: should he fully inform his friend of his plan or simply set the stage and permit events to develop as he expects them to -- using his friend. It can be said here that the ends do not justify the means because unethical means ultimately lead to unethical ends. The basic theme of this volume is humanistic and one does not develop humane systems by making inhumane use of people. The change agent must maintain high ethical standards if he is to be trusted by both groups for whom and with whom he must negotiate.

At an appropriate time his friend gives vent to his genuine anger in response to the board's reluctance to give up its support for neighborhood schools in favor of busing to achieve racial balance. In the ensuing conflict, the change agent plays a mediating role between the protagonists and later proposes a compromise: decentralization (community control) of the schools. Though acceptance of his proposal is not guaranteed, the probability of its acceptance is greatly increased.

Additionally, his moderating role increases his influence with both parties. To the gatekeepers he is viewed as a moderate, reasonable man who is amenable to "civilized" negotiation (often meaning he can be easily bought off or manipulated). To the moderates among the changes forces, he is viewed as an astute planner who knows how to handle the "man." Among radicals, his willingness to compromise earns him the title of "Uncle Tom," while among reactionaires, his smoothness earns him the designation of "slick nigger" who must be carefully watched. In any case the sum total of his influence tends to increase and he tends to survive.[13]

It is important that the change agent survives to carry his work out to its logical conclusion. If he conducts himself properly the wrath of the system will not fall on him, but on the catalyst: his friend who vociferously argued for school busing. This often meets the system's need to identify and punish a "devil," satisfies the catalyst's need to clearly state his willingness to give all for his ideals, and meets the change agent's need to be free to continue his work.

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[13] In other cases, no one is satisfied with the compromise and all parties vent their anger at the change agent. There is no formula for avoiding this outcome, but the skilled change agent will take this possibility into account and will devise safeguards. He will decide to risk or not risk this outcome based upon a weighing of probabilities, desirabilities and personal commitment.

Both the catalyst and the change agent are indispensable players in the change process, and constructive long-term change is dependent upon an orchestration of their efforts. The catalyst tends to be expressive, emotional, impatient, unreasonable and visible, while the change agent tends to be instrumental, calm, patient and elusive. The catalyst translates feeling into challenge, and the change agent translates challenge into change. The change agent modifies radical ideas and presents them in a form that is, or appears to be, more acceptable to significant high power components.

He often is the liberal who modifies the proposals of the radical, sells the modification to the moderate who joins with him in negotiating with the conservative. The resultant compromise is less than the liberal requested and more than the conservative would like to concede. Both the radical and the reactionary view the compromise as a sell-out, but neither is able to mount effective opposition to it. Hence, the compromise becomes the basic unit of change, paving the way for establishment of a trend in which the original idea may be further developed and refined.

For example, at an earlier period in the history of this country, the germinal ideas that gave birth to social security, unemployment insurance, progressive income tax, etc., were widely viewed as being evil, sinister, communistic and immoral. Today, however, these programs are institutionalized and are *actively* opposed only by those on the conservative fringe.

Further, there are strong indications that normative movements, such as *women's liberation*, *sexual liberation* and *guaranteed annual income*, represent ideas whose time has come (Bell, 1967), and whose principles will eventually be institutionalized. *Black liberation*, however, is more problematic, and will proceed at a much slower rate. This is so because, of all the challenges to the system, the notion of free black people appears to be most frightening (Tucker, 1972).

The major point is that skilled change agents learn to defer gratification of short-term goals in favor of satisfactory progress toward long-term goals. There is no expectation of reaching the *millennium* because the millennium is defined as the next step forward -- and there is always a next step. Today's revolutionist becomes tomorrow's bureaucrat.

A static state of goodness, like a static state of evil, is characteristic of death rather than a dimension of life. Both would be subject to the second law of thermodynamics and inevitable to the death force of entropy. The change agent views change as a necessary condition of life, and assumes responsibility for ensuring that the quality of direction of change is such that the system moves *toward* a state of improved health.

More explicit change agentry methodology is beyond the scope and intent of this paper, and is beyond the competence of the writer. Many crucial change agent skills must be developed in the field; others derive from an innate "feel" or intuition that defies definition. These writings delineate a conceptual framework and an approach that may be useful for analysis of social systems and for planning social action to effect helpful system change. The model encourages constructive cooperation among black people, and discourages destructive ideological posturing.

SUMMARY

Social systems are open systems that depend upon commerce with the environment to maintain their vitality. There exist marked inequalities between the components of social systems and there is a tendency to maintain or expand these inequalities to maintain the primacy of high power components. Basic social institutions are charged with the responsibility of coding incoming materials and rejecting, absorbing or converting new material which challenges the extant direction or state of the system.

Social change is defined as movement within a system toward a reordering of roles and a shift in the power ratio between components. Social change is primarily an evolutionary phenomenon composed of small increments of emergent and planned changes. In accord with the precedent principle it has direction and proceeds from lesser to greater units and from original unit to similar units.

Change agentry is the practice of intervening in the process of social change to influence the quality and rate of change. The change agent assures that high quality negative vectors are introduced into the system, and strives to elicit appropriate system response to negative inputs.

Change agentry is further defined as a practice of the possible. The change agent must be capable of setting realistic goals, must be willing to compromise and must maintain a will to survive. The major barriers to change are fear of loss and fear of the unknown. They may be overcome by mass action that forces change, or by astute small group action that carefully prepares the milieu for small increments of change which, in accord with the precedent principle, may lead to more extensive long-term changes.

The change agent views change as a prerequisite for life and utilizes his understandings and skills to ensure that change continually occurs. His actions are not designed to simply influence the flow of change, but to channel it in directions that he considers to be good and appropriate.

Among black people the principal players in the change dynamic are the catalyst and the change agent. Helpful social change is accelerated when their activities are harmonized, rather than opposed to one another.

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ASSESSMENT STRATEGIES AND TECHNIQUES FOR BLACK CLIENTS

Keturah E. Whitehurst
Chairman, Psychology Department
Virginia State College

I am glad that in the formulation of the title of this presentation the word "assessment" was used instead of "testing." This gives me more latitude. Testing brings to mind standardization, normative answers, neat scores and labels; whereas assessment implies broad considerations, carefully individualized evaluations, and a search for abilities as well as weaknesses. Also, the selection of the word, "strategies" is most appropriate because it implies tactical plans for winning a battle against a formidable enemy. In this case, the enemy is the misuse of psychological tests and techniques resulting in roadblocks in the progress of black children in the school systems and preventing black men and women, as well as other minorities, from obtaining an equitable share of the socio-economic and career opportunities which America provides.

In no area of social science are the issues more volatile or the thinking more explosive than in the area of psychological testing. Therefore, we must, for our protection, concern ourselves with the testing issue; but, more responsibly, we must tackle the larger issue of assessment in general. To this end, strategies for improving the assessment process must be planned and implemented.

We have always assessed each other's abilities, capabilities, possibilities, personality, achievements, performances, talents, character, intelligence, morality, coping strategies, citizenship, dependability -- yes, even intentions and motives, both conscious and unconscious -- and we will continue to do so. We make judgments, suggest or even insist upon courses of action, and thus, indeed, influence the destiny of others. What, then, is the problem in the assessment process? In the first place, the judgments that we make are too often made without adequate bases. They are snap judgments. Next, the courses of action that we suggest or insist upon are usually too restricted. There are many more alternatives. Thirdly, the destinations at which our clients find themselves are frequently not compatible with their abilities, their potentials, their hopes and their aspirations. In short, something is wrong with these assessments. They were not informed; they were not reliable or predictive. In essence, they were just not good enough.

In an attempt to suggest ways of improving the process of assessment, I am first going to point out and describe three personal handicaps that the assessor must overcome before he or she can make his or her best assessment. Before listing these let me say that, perhaps, our greatest errors were made when we succumbed to the seduction of statistics; when we began to rely upon tests alone for all the answers; and when we ceased to develop and trust our own wisdom. These errors of so-called objectivism can be understood, however, when we consider the fact that the task of learning standardized test procedures which resulted in a neat score to represent an individual's ability was much simpler than that of assaying the whole personal predicament of a human being or even any part of it, and coming up with such appraisals as the presence or absence of traits, abilities, and potentials. The process is further complicated by the necessity of assigning a weight to the value of each item in reaching particular goals, and of analyzing the support systems of the community that will contribute to the client's progress. Admittedly, the goals of assessment presently exceed our grasp; but we can begin to move toward them by striving to overcome, among others, three basic handicaps.

The first of the three obstables to good assessment is resistance to change. We all know that factors that influence the development of human potential are continuously changing, and that the dynamic nature of their interaction demands continuous assessment. Yet, once we have made a judgment or have reported a test score, or attached a label, we want it to stick. We take it to be an unfavorable reflection upon our professional integrity if, for example, Johnny makes a score today which labels him retarded, but on tomorrow, with an examiner that Johnny likes and wishes to please, he makes a score on the same test that labels him high average.

Oddly enough, in attempting to resolve this dilemma, we say that due to errors inherent in the instrument or in the human examiner, we obtained discrepant scores, but Johnny really is a retardate just as was found at first. Or, at best, we compromise and say, "Maybe low average, but not high average." Apparently, we resist, even resent, Johnny's improved score. Moreover, we explain away the improvement on the basis of test familiarity and caution that six months should have elapsed before retesting. This explanation, of course, speaks well for Johnny because of the implications that it takes six months for him to forget what he learned in one sitting! These technical and time-honored defenses of inadequacies and inaccuracies of test results are indictments against their usefulness in making important decisions on behalf of clients. But more significantly, they are a testament to the examiner's inflexibility and resistance to change. We can never bring ourselves to admit the correctness of both scores. That is, on this kind of task, Johnny is capable of behaving like a retardate under the influence of Examiner I and like a boy of high intelligence under the influence of Examiner II.

Could this discrepancy have occurred with the same examiner? Yes. Today, Johnny was teasing, clowning, uninterested in the test results. Tomorrow, his getting a C.B. radio depends upon his test results. He is ego-involved, fighting for his self-respect and for his place among his peers. The change in his motivational system has resulted in a change in the quality of his test performance. In other words, a good assessment of the two situations would consider the constellation of factors influencing each test situation and would lead to judgments contingent upon these factors. To be able to live with tentative and situational evaluations is one of the hallmarks of a good assessor.

Let us see how this stumbling block, the examiner's resistance to change, really did operate in the assessment of Johnny, a black schoolboy. The first score obtained simply verified the stereotype of the clowning black boy who is, supposedly, not equipped to use his brain, but to use his brawn or to entertain. In the light of examiner rigidity, we should not be surprised when the percentage of blacks in the special classes of our school systems far exceeds their percentage in the population of retardates. When Johnny later tested far beyond the level for special placement, his counselor was told that there was no opening in the regular class which was far too crowded to absorb another student; that the improved test score could have been a "fluke" anyway; let's wait and see; he would probably be happier in a special class where his needs are understood; and finally, the counselor should understand that all this was in the best interest of the student. Johnny remained where the first test indicated that he should be placed. No change.

Then there was the black welfare client who suffered undue frustration in pursuit of her educational ambition because her social worker could not change an earlier assessment. The woman announced her wish to return to school, to acquire a marketable skill, and to leave the welfare roll. The social worker responded with hostility, refused to process necessary application forms or to recommend the client for funds already appropriated by the federal government for such educational assistance. She was unable to meet the challenge of changing her assessment of her client from that of a black woman who was immoral, lazy, unmotivated toward self-support, a social parasite, a child of the culture of poverty, to a new assessment of her client as a black woman who values education, and seeks the opportunity for productivity and economic independence. Thanks to the intervention of a non-profit legal assistance group, the black woman was transferred to another social worker who encouraged and supported her aspirations, and she is now in charge of computerizing customer bills for the telephone company.

Let us move now to the second handicap that prevents our making good assessments -- the handicap of inadequate knowledge and experience. To varying extents, all human assessors suffer this handicap. To know enough and to have experienced enough to enable one to make judgments that determine another's future is well nigh impossible. An assessment made by the most knowledgeable and most experienced among us is but an approximation -- not a fixed truth. Present gaps in our knowledge of how to observe, describe, control and predict human behavior preclude our making full and accurate assessments. Herein lies the challenge of perpetual study. If we would become good assessors for black clients, or any other clients, one of the best strategies is to learn more and more about them and ourselves -- not just about superficial features or demographic data but about their hopes, their fears, their aspirations, their motives, and their coping strategies as well.

Knowledge of the culture in which the client must survive and live and find or make his place is as essential as knowing the individual's test results. What are the values and rewards of the culture? What are the sanctioned avenues of self-expression? What personal traits does it admire and foster? How much deviance will the culture tolerate? How does it punish nonconformity? How is the power structure arranged? How does one get status? What privileges and responsibilities are associated with age and sex? How is the individual's primary culture (his family) similar to or different from the larger culture which envelops it? To what extent does his primary culture prepare him for coping with the demands of the larger society into which he eventually enters? What vagaries and vicissitudes will he encounter as he strives for recognition and dignity?

The task of meshing the abilities and recognized potentials of individual clients with societal structures and systems, of hypothesizing about their impact upon each other and the outcome in terms of the development and actualization of the individual is awesome and far beyond the ken of mere test scorers. Suppose the client is a black boy who has performed poorly in academic subject matter as compared with the performances of most of his classmates, but has completely overshadowed all of them on the basketball court. When he enters the last year of high school, do we counsel him to find a non-competitive college that will admit him to higher education, where his chances for failure are many? Or, do we counsel him to sign the million-dollar contract to play professional basketball where his chances for success are great and his chances for failure almost nil? The extent of what we need to know about the boy and society is incalculable and the questions for which we need answers before risking a judgment are innumerable.

Now consider the case of a young, black minister, well-educated and gifted with oratory and the power of persuasion, but unhappy and disturbed about society's denial of simple human rights to his people. Do we advise him to stay inside his church in safety, preaching eloquent sermons to enthralled congregations, inspiring them to endure earthly humiliations in exchange for heavenly exaltation after death? Or, do we counsel him to use his gifts to lead the people out of the church, into the streets to act in violation of unjust laws, and to suffer the consequences of demanding freedom and employment? Do we know enough about the limits of tolerance of society to advise him that the consequences of his actions will be physical attacks, imprisonment, constant and unrelenting harassment, and finally, death, itself? How can we assess these alternatives? How much do we really need to know? Can we see the whole and mesh the parts?

The third handicap in the process of achieving good assessment is the handicap of preconceived notions. These notions have as their bases custom, anecdotes, hearsay, and hasty generalizations. On the one hand, prejudgments sensitize the assessor to the corroborating behavior of the client and cause him or her to place undue emphasis on a minimum of evidence. On the other hand, prejudgments may dull the sensitivities to negative instances, thus causing the assessor to overlook or to minimize the importance of evidence to the contrary. Consequently, the assessment is predestined to come out just as the assessor thought it would.

To illustrate this point, I invite you to consider the following incident involving several persons, lined up at the teller's window to cash their weekly checks. Booker T. Jones was second in line when his friends, Steven Solinsky and Marc Weinberger rushed up and Steve said, "Here, Booker T., cash my check when you cash yours or I'll have to go to the end of the line, and I want to get an early start on my weekend trip." "Mine, too," added Marc before Booker T. could answer Steve. "O.K. fellows, have a good weekend." Booker T. had his friends' checks cashed before presenting his own, and away they went. Just as he began endorsing his check, a third friend and co-worker came up and asked that Booker T. accommodate him as he had done the others because his wife was waiting in the car to go shopping. When Booker T.

heard the word, "wife", he remembered that his own wife was waiting in the car to go shopping. "No, man," he said, "my wife is waiting too. I'm sorry, but you'll have to go to the end of the line." How do you suppose the other persons standing in the line responded to the whole episode? With annoyance because they had been delayed by two additional checks, thanks to the kindness of a black man? No. Booker T. overheard the remark: "Black folks are mean. I always knew it." One refusal to be used to the advantage of another outweighed two instances of kindness and served to corroborate a stereotype that was already held.

This happened among ordinary, working people -- not psychologists. But when ordinary working people become psychologists, they do not, ipso facto, cease to be controlled by their prejudices and stereotypes; and their assessments relfect this limitation. Moreover, stereotypical thinking is no respecter of racial identity. Another illustration of the handicap of preconceived notions will further emphasize this fact.

In a traditonally black college, two black athletes and one white were showering in the college gymnasium. The first black called to the white, "Hey, Chuck, 'row me d' tow'." (Throw me the towel). Chuck asked the second black, "What did he say?" Whereupon, the second black replied with this tangential diatribe: "That's the trouble with all you white folks -- pretending you don't understand black English. Wanting us to talk like you. Huh! Some crap! Well, for your information, we got our own language and we don't need yours." "Oh, you understood him," said Chuck. "What did he say?"

"What did he say?" The black student really heard the white student for the first time and replied, "Man, he was talking to you -- not to me. Hey, Bubber! What did you say?"

These illustrations as well as others used in this paper are events that actually occurred. They show how easy it is to fall into the trap of preconceived notions and spoil what should have been an objective assessment. It happens not only to factory workers and college athletes, but also to psychologists. Our prejudicial attitudes are deep-seated, resistant, and automatic. Their suspension requires an inordinate degree of self-discipline. Consequently, we, as assessors, are obligated to strive continuously to ferret out our prejudices and other preconceived notions about certain human beings, to recognize them for what they are, to eliminate them with factual evidence when this is possible, or at least, to hold them in abeyance until the most unbiased assessment of which we are capable has been formulated.

To recapitulate: The quality of psychological assessments lies ultimately in the preparation of the assessor. His readiness to accede the fact of the client's potential for change, his willingness to be a perennial student of the relationship between the client and his culture, his ability and disposition to weigh the evidence instead of being controlled by prejudices and stereotypes -- these three qualities of the assessor are fundamental to the quality of the assessment. It may properly be inferred at this point that I consider the assessor, a professional person, to be of far greater importance to the assessment process than the instruments, especially the tests, that he uses.

Let us turn now to a consideration of the role of testing in the assessment process.

Since we have become disenchanted with what most of the standardized tests can contribute to the assessment process for black clients, let us consider alternative ways to those prescribed by test instructions. The Wechsler tests are among the most widely used instruments for assessing those abilities that are held together under the rubric of intelligence. Let us examine some responses made by my own clients and some of the techniques that I have found useful in assessing intelligent behavior of children.

1. I have learned to look for sense in zero answers. (Answers earning a score of zero.)

    Example: (Why is it better to pay bills by check than by cash?) "So you can hurry and pay it in one piece." I cannot accept zero value for this answer in my search for intelligent behavior. Somewhere in this answer lies a kind of logic. Was the child bored by the counting of several pieces of money at the time of payment, or is there an allusion to the installment plan which has such a prominent place in the transactions of "black folks"? Although I failed to pose a follow-up question on this answer, I did follow through on other zero answers.

    Example: (What is the thing to do if you see a train approaching a broken track?) "Get the hell away from there as fast as I can." (Why?) "'Cause when the police come, he'd say I broke it." (Well, what difference would it make if the track happened to be broken?) "People would get killed and you can't be hanging around where people get killed. The police will take you in." I learned later that this boy had been sent from the streets of Chicago to spend the summer in the country with his aunt. Under these circumstances, the zero answer made sense and showed intelligent decision-making.

Another child, unaccustomed to the realities of the city streets, answered the same question by saying, "Look at it, and try to fix it." Obviously, she had responded to only the fact that the track was broken and not to the word, "approaching." (What if the train is coming up to the broken track?) "Stop it, till I fix it. Dem people will get hurt," she shouted excitedly. If I am looking for social concern as an ingredient of intelligence, she has it. If the word, "approaching" must be a part of her vocabulary, to the extent of its absence, the little girl's response was unintelligent. But how intelligent was her response when the word, "approaching" was defined as "coming up to" in a substitute question? Her social comprehension was intelligent despite her impoverished vocabulary.

2. I have learned to identify poor questions on the test and to improve my own formulation of questions to achieve the intent of the communication. Examples of poor questions are such open-ended ones as "What does the stomach do?" "Where does the sun set?" The stomach aches or growls; of course, it does. Such facts cannot be contradicted or denied. That the stomach digests food is an additional fact. Likewise, the sun sets in the sky, behind the trees. How many of us, having been told to look at a beautiful sunset, lifted our eyes to the sky and gazed beyond the trees? Artists and poets have found the sun there. Why must my client process the question to be: In what direction, marked as one of the cardinal points of the compass, does the sun set? Why can't my client be poetic rather than scientific?

Not only have my clients taught me to identify poor questioning on the Wechsler tests, but also they have demanded that I improve my own questioning.

Example: (What are you going to be when you grow up?)
"A man" -- a perfect answer to the question.

First attempt at refinement: (What kind of work are you going to do?)
"I don't know; whatever I can find" -- another unquestionably good response.

Second attempt at refinement: (What kind of work would you do if you could do anything you wanted to?)
With a sheepish look, the young boy answered: "Oh, I'd be an astronaut."

3. I have learned to appreciate the facility with which children create meanings for words they do not understand and thus produce some fascinating answers through the exercise of their imagination, which is an important factor in creative intelligence.

Example: (Why should criminals be locked up?)

Answer: "To keep children from eating them or swallowing them down."

4. I am persuaded that because of cultural and sectional differences in the pronunciation of words, the examiner should use for test purposes the pronunciation to which the client is accustomed and which he comprehends. Therefore, if my clients fail to show understanding of the word, "s(w)ord," I try the word, "sword"; if "mil'itary" and "cem'e ter y" fail to "ring a bell", I present "militar'y" and "cem e ter'y". Quite frequently they understand the alternate or more familiar pronunciations and are successful in explaining the meanings.

5. I have learned to omit the numbers and labels from the psychological report and to include in it a full description of my client's approach

to problem-solving, a listing of cognitive, social and motivational strengths and weaknesses and recommendations suggesting developmental and remedial plans.

In addition to the use of tests as props for assessment of black clients, several other techniques are effective. Chief among these is the interview which expands the client's opportunity to explain himself. Here is the case of Walter, a 14-year old nonreader who conversed maturely on educational and political issues, using such words as "charitable," "qualified," "diploma," "organization," "insulation" and "durability." From the age of three years, Walter had lived at a "home" for children-without-a-home. In discussing his antipathy for school, Walter said, "I just don't want to come to school, but I live at the home, and you have to come to school." When asked if there were ever times when he wanted to read, he said, "Sometimes I do, and sometimes I don't. I want to read when I go to church and when the teacher tells me to; but I don't want to read when somebody tells me to read. I just don't want to; just a way I got." (Well, you can learn to read. Would you like to have me come to the home and help you to learn?) "No ma'am" was his instant reply without apology. He went on to explain: "Since my teachers say I can't read, it ain't no need to try because if I can't do it, it would be a waste of your time and my time to try to do it." This display of logical thinking was matched only by his ingenuity in getting his reading done for him by other children in the home whom he paid in soft drinks and peanuts for services rendered. He was literally surrounded by private secretaries who read for him and wrote for him. His attitude mellowed toward me as the session progressed, but never to the extent of inviting or permitting me to come to the home for the purpose of teaching him to read.

Still other assessment techniques include appraisals of the client's work habits, leadership, initiative, self-sufficiency and social adequacy through observations of his behavior on the job, whenever this is possible. Finally, the search for special talents should be a part of every assessment battery. Creative productions of drawings, paintings, stories, cartoons, music and dance have not infrequently become the major contributions of talented individuals to the enrichment of life for themselves and others. Al Capp left school early, a disenchanted, bitter youth with a poor prognosis for success. Duke Ellington was finally awarded a diploma by his high school after he had passed the age of seventy years.

The black client has suffered severely under the onus of misunderstanding, misinterpretation, and labeling. For this reason, many have not had even the chance to try. With our dedication to improved professionalism, our continuous experimentation with a variety of alternative assessment techniques, and with our sense of mission to insure that no human potential for the advancement of black people will be overlooked or misdirected we should be able to hasten the day when black clients will cease crying out within the depths of their hearts, "Nobody knows but m'self and de Lawd how it is wid me."

EDUCATIONAL INSTITUTIONS AND THE BLACK CHILD

Thom Moore
Assistant Professor of Psychology
University of Illinois

As trite as it may sound, I think it is essential to remember that children are the most valuable resource to the black community. Paul Smith (1973) of the University of Cincinnati in describing the relationship of the black psychologist to the community states that, "Perhaps the greatest wealth in the black community is the children. I worry about the 'willy nilly' manner in which they learn what is valued in the black community" (p. 49).

Realizing this fact then, the black mental health workers, as well as black people in all professions and vocations, have a responsibility to see that this resource and wealth is developed to its greatest potential. Historically it has been a common practice for societies to cultivate and protect their resources; it should be no different for black communities and their children. However to effectively meet this responsibility, there must be a set of goals established and strategies identified which will guide various interventions.

Therefore, I believe that considering the mental health of the black child or a black community must include an indepth discussion of values

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and goals which characterize their life style. Only then can these entities be subjected to proper description and relevant treatments. While each of us are experts on black life, we must resist the temptation to serve as national black spokespeople. It may be risky even to feel we have our finger on the pulse of local issues. Values and goals must come from community residents.

I have a strong sense that as service deliverers we have accepted the values of the dominant culture and attempt to mold our children into that structure instead of learning more about our own culture and advocating for it. I was made painfully aware of this through my study in community psychology and through my experiences of implementing community programs.

It has become increasingly clear that in this molding process our children are oftentimes perceived as problematic simply because the social institutions which they must participate in have no concept or appreciation of diversity. As our children, just by virtue of their humanness, spread out on a continuum of behavior, they are repeatedly perceived as different, disruptive, and consequently systematically victimized. Thus to talk about the black child, I want to first consider the institution of public schooling which he comes in contact with and how this institution, in fact, creates situations for children which come to be called problematic.

In keeping with the theme and spirit of the conference I will explore, through case studies, the status of black children in the school, techniques developed to eliminate obstacles while facilitating growth, and implications for training at the university level. I intend to use a framework of community psychology in which to accomplish this.

BLACK CHILDREN'S ENVIRONMENT

The black child, like all of us, lives in an environment which is characterized by a set of values and goals, with institutions designed to accomplish these values and goals. For example, the value of human respect is supported through religion, law enforcement agencies, and the family; the value of survival is supported through the institution of employment; and almost any value one can imagine is represented in education.

Each set of values and goals tends to represent an independent function and perception of the environment. For instance, Cohen (1976), a lecturer in sociology and social anthropology, states that,

> The manner in which we see our environment depends largely on what we are looking for in it. But what we look for is not just an individual or idiosyncratic matter--it depends on our cultural conditioning, our accustomed social roles, and our definition of the situation from which we relate to the environment. (p. 49)

He describes at least four different environments: instrumental, territorial, sentimental, and symbolic. Each of these in turn serves a specific purpose: that is, the instrumental environment is described as a locus of resources; territorial environment refers to space in terms of control; sentimental environment refers to space in terms of attachment; and symbolic environment refers to the meaning attached to the environment, religion, moral science, etc.

The point is that environments differ and the environment of the child must be clearly understood prior to any formulation of treatment or intervention. In the process of understanding the environment as interventionist, we learn what values and goals are important. We learn them in their broad context and as each child understands and uses them.

SCHOOL AID PROGRAM

Case Study

Following is a description of a program designed to deliver services to black youths. During its implementation, many things of value to service workers were learned. A program titled "School Aid Program" was an outgrowth of an experience with a black youth, his mother and the public school he attended. One year prior to our involvement, the young man was referred to the university psychology clinic for testing and the teachers and the school counselor suspected that the young man was retarded and overly aggressive. As it turned out the child was anything but retarded and as best as we could determine, the aggression was a reaction to authority.

I and two black graduate students got involved the second time around when we received a call from a lawyer saying that the young man (9th grade, first month of the new school year) had struck a teacher. The lawyer was involved for two reasons: one, the teacher was pressing criminal charges, and two, the principal proposed expulsion for the remainder of the year and this had to be approved at a hearing by the elected school board. The lawyer's goal was to secure psychological services and use them to maintain the youngster in school.

Although we were aware that the whole school system played an important role in subsequent behavior of the child, a traditional treatment was planned which suited the school personnel fine. It was recommended that the young man remain out of school for one semester and return at the start of the new one. He was enrolled in a community college extension program which offered high school courses, such as history, math, English, and science. A formal contract established with the school legitimized these courses. Also the state has a requirement that all children have to complete physical education training during the year. To fulfill it, the local boys' club supervised physical activity for the number of hours necessary. Consequently, the young man completed one semester out of school and the following semester was re-admitted.

Included in the plan was a once-a-week therapy session for both the mother and the boy. Therapy sessions were conducted by the graduate students. They involved teaching self-control and problem-solving techniques. The goal was to train the young man not to be so quick and defensive when interacting with teachers and principals. We attempted to teach him to learn which situations call for which behaviors. In addition, we wanted to teach him to generate alternatives to problem situations and weigh possible consequences. In this way, we were training him to set self-goals and develop strategies for achieving them; but the focus was on the client with little if any consideration of outside influences. As for the mother, we simply wanted to teach her to be less antagonistic with school authorities. We continued this style of service for the full school year. In summary, we removed the client from the school setting, provided therapy and implied, through our involvement, that he was deviant. Halfway through the program, we realized that we had not included any school personnel in our plan. There were no change demands placed on them.

In the course of working with this young man, we came in contact with other children experiencing difficulty in school. The school recognized that we were a group of black people at the university to whom they could legitimately refer black children. Parents on the other hand also began seeking our services for their children. Therefore, one graduate student designed a practicum course which used undergraduate students to do counseling (not psychotherapy) with school-age children.

Although the purpose was to develop a program designed and implemented by blacks for blacks, the student was also interested in assisting a local black health center in being more serviceable to the community, and providing a practicum for black undergraduates in applying some of their skills to other blacks.

Practicum

The school-aid program was a practicum for undergraduates supervised by graduates which was initially designed to take referrals defined by the school as problematic. Our criterion was no more specific than that, but referrals were accepted only with the approval of the parent. There were ten undergraduates in the course and two graduate assistants, and over the course of the year, each undergraduate was responsible for one high school student. Consequently, we had 10 active cases each semester making a total of 20 children for the school year. Our success criterion was to accomplish anything that enhanced the educational achievement of the student. At the end of the year we could honestly say that three students completed school through graduation as a result of our involvement. However, all students in the program were not seniors and those that were not remained in school. Two of these underclassmen, however, were eventually expelled.

The school-aid program was designed by a graduate student to provide counseling services to black school-age children through a black health center using black undergraduates as service deliverers. Although we did not specify age or grade restrictions, the majority of the children were referred from junior high school. This may be explained by the origin and contacts established by this program. *All* the early communication occurred at the junior high level.

Once the program was designed, the director of the health center and the graduate student presented it to a central office school administrator in charge of pupil personnel who distributed a brief description of the program to school counselors and principals. The graduate student and health center director followed up the brief description with a phone call and a personal visit when possible. Each participating school was requested to appoint one person who would be responsible for working with the school-aid staff. Generally this tended to be the school counselor. This person in most cases was the most appropriate since pupil problems would always go through that office.

The contact person was instructed that the school-aid program would deliver service to any child identified as having difficulty in the school setting. This was an invitation for the school to send children who were behavior problems as well as those experiencing academic difficulty. In addition to accepting any child, it was also a requirement that the parents agree to having their child in the program.

When a referral was received, a few basic facts were gathered: name, address, reason for referral, parent approval, and previous counselor contacts. The target was assigned to an undergraduate student. All cases were distributed on a rotating basis. The graduate student and the undergraduate would discuss the target in view of the limited information and the undergraduate's plan for gathering more information. The main thrust was to talk to as many people as possible: teachers, parents, peers, counselors, and target. This information (subject to all the rules of client confidentiality) was presented in supervisory sessions with the graduate student and the other undergraduates. As a result of such sessions, a treatment plan was formulated. Treatment plans included tutoring, behavior-modification contracting, problem-solving training, and student advocacy. Frequently treatments were a combination of problem solving and advocacy. This was then explained to all parties involved. In the case of behavior modification contracting, charts, reinforcements, and observations were explained to all parties, including the target. Supervision, in group format, continued once a week throughout the semester.

SCHOOL CONTRIBUTIONS TO STUDENT BEHAVIOR

It was discovered through the first case and the subsequent school-aid project how the school system functions to maintain destructive growth in black children. First they refuse to educate them. For instance, there are numerous programs of individual curriculum which require the student to be physically in the school building a minimum number of hours. Of the children we saw, they were either enrolled in or recommended for one of the programs. One program, which was specifically for behavior-problem children, permitted them to attend school for only half a day. That is, they were in school only for academic subjects, such as English, math, history and science. Another program, which was basically a good idea, was work study. These children were assigned to employment which occurred during school hours. After attending a few classes they were dismissed. While several of the children we came in contact with had interesting positions, the majority performed menial tasks. The school system also supported an alternative education program, which from all indications varied in terms of effectiveness. In essence, the school maintained a single standard of competence; and those not able to meet the standard were viewed as troublesome and excluded from school.

Another way the school contributed to negative growth of the children was through discipline methods. These consisted of unstructured after-school detention, paddling, verbal redress and unusual suspensions. Rhodes (1974) discovered that during the 1973-74 school year there were five expulsions involving black children. This represents 100 percent of the school expulsions for that year. Each of these cases was reviewed by the school board before approved. Of 775 suspensions, 400 or 51 percent were black youngsters; and some of these we were told were repeaters. The school system is 18.6 black. These practices of excluding black children from the school tended to reinforce their existing feelings of not being welcomed in the school system. Three years prior to our program there had been a riot which centered around bussing and reportedly was initiated by white athletes at the school. The rumor in the community was that the relationships between black and white students at best were tense, however, when students were asked to rate black-white relations, we found the following:

Relations Between Black-White Students

Schools	Excellent	Good	Fair	Poor
School A	0	28.6%	35.7%	35.7%
School B	0	33.3%	66.6%	0

Relations Between Black Students and White Teachers

Schools	Excellent	Good	Fair	Poor
School A	0	7.1%	64.3%	28.6%
School B	0	8.3%	75.0%	16.6%

Relations Between Black Students and White Administrators

Schools	Excellent	Good	Fair	Poor
School A	0	21.4%	21.4%	57.1%
School B	8.3%	16.7%	16.7%	33.3%

Although a small number of students were interviewed, the results of their responses suggested that the relationship between the school administration and black students was undesirable. The relationship between black students and faculty was a little better, but still showed need for improvement. Finally, black students described the relations with white students as good and fair. Consequently, students saw the adults as their enemy, not fellow students. The reason why the numbers are so small is because the school authorities refused to grant permission to interview the students on school grounds; therefore, we arranged to meet students across the street from the school at the end of the day to interview them. However, we treated the school's refusal to cooperate as a sign of unconcern for black children.

This program was a great learning experience for us; aside from the school's individualized curriculums and discipline practices, we became sensitive to its use of outside agents. We were viewed as a credible agent who could give assistance in dealing with black children. We quickly discovered that they used us in two ways. One, as a dumping ground for black children they could not handle; in addition to the ten permanent cases carried by undergraduates the graduate students did a fair amount of crisis intervention cousulting. Second, they used us as a cover for students they had already planned to suspend. We discovered at several suspension hearings that the school personnel had referred students to us who were suspended after only two weeks of contacts with the program. One stated rationale by school personnel for such quick suspension was that the student had been referred to the school-aid program; and there was little, if any, noticeable change in their behavior.

Our overall impression was that our service was much too traditional for our targets. That is, we were meeting the needs of the school and not the children. We realized that our mistake was not viewing the school as an active participant in an interaction which was full of conflict. When we involved the school however, we still focused on the child as the deviant and our request to teachers and other personnel was unspecific.

In attempting to correct our problem we agreed that maybe we knew too little about service delivery and counseling; and before continuing such a program, we would need more knowledge about specific psychiatric disorders and behavior problems and their corresponding treatments. We also agreed that maybe we were too narrow in the delivery of our service. Rappaport and Chinsky (1973) have conceptualized service delivery modes and treatment orientations. They distinguish two delivery styles as waiting and seeking. The waiting mode is characterized by the service deliverer who maintains an office and waits for her/his clients to find her/him. The seeking style of delivery became more popular during the Community Mental Health era. The service deliverers ventured out into the community to seek those in need of service. This was partially motivated by the attempt to prevent mental illness. In addition, they described two types of therapists: psychoanalytic and behavioral. Each of these therapists could adopt one or the other of the above delivery modes.

While the program was somewhat innovative in delivery mode, we were not innovative in terms of our therapy techniques. In other words, we perceived that the child was problematic; and this orientation played an important role in determining our approach to providing services. We failed to identify the child's value of school and the goals he had selected for himself. We discovered that we had made the same mistake that other serivce-delivering agencies have made. The planning of service programs is frequently accomplished without the planners ever examining their own values and the goals of the people they intend to serve. While they have or we have good intentions, we are not always aware of the priority of individual and community needs, nor are we aware of the community structure and the manner in which resources are utilized.

COMMUNITY PSYCHOLOGY

My experience has caused me to question whether the helping professions can reach a point of being a comprehensive service; that is, can they understand non-mental health social issues? More importantly, we have not asked the proper questions about our work. Shouldn't we be striving to tolerate more diversity in behavior than we do? Psychological services have been delivered in a formal manner ever since 1945 with little if any indication of success; ought we not consider other forms of interventions? We seem to be stuck in a rut. For instance, when it is demonstrated that psychological services are not effective, the typical reply is we need more rigorous training and research. Few entertain the idea that we need different assumptions. The school-aid program has led me and several other students in the latter direction. We are exploring new ideas and interventions. The question is, what does that mean? Let's look first at the more common understanding of human behavior and contrast it to one less common, but more patent.

The dominant explanation of human behavior is that individual performance or achievement or task completion is strictly determined by the individual's own effort, and those who do not succeed are hampered by mental illness. For example, there are numerous mental health related explanations to explain children's underperformance in school: he/she may be overly aggressive, withdrawn, hyperactive, emotionally and mentally disturbed, a slow learner, or just plain retarded. The child is negatively labeled and worst of all he/she is viewed as responsible for his/her behavior. This process has been labeled by Ryan (1971), a community psychologist at Boston College, as blaming the victim. Similarly, Hobbs (1975), in a review of the social function of categories and labels, states,

> Another effect of current classification practices is that these practices encourage the tendency to "blame the victim" -- especially when he is poor. Low-income and minority-group families apparently are regarded as morally lacking; consequently, they are blamed for their plight and treated harshly. (p. 31)

Subsequently, the treatment which accompanies such a position is psychotherapeutic in nature; that is, the child is referred to an agent who proceeds to treat the mental illness. The referring agent's "statement of the problem" becomes reason enough to consider the child sick. While there are cases when a particular child may need professional psychological services, there are more times when he/she is an inappropriate target.

The overuse of psychological and psychiatric service has been criticized by several workers in the field (Hobbs, 1975; Renner, 1974; Shur, 1974; Szasz, 1960). Thomas Szasz (1960) in The Myth of Mental Illness conceived psychiatric disorders as social problems.

To cope with this "blaming the victim" problem, a treatment position which has realized growing support is that of system level interventions. Primarily the position has been that the dominant culture perceives any deviation from their goals and values as dangerous and abnormal. Such rigid thinking leads to a single standard of competency.

Instead of a single standard of competency, it is becoming more acceptable in academic circles to recognize puristic aspects of our society (Rappaport, 1977; Valentine, 1971).

This orientation is neither new nor recognized by only one discipline; rather, it has been the orientation for community psychology. Caplan and Nelson (1973) in addressing the "blaming the victim" phenomenon discovered that although we pay lip-service to the distinction between person-centered and situational and environmental characteristics of behavior, research does not demonstrate it. They rated psychological abstracts from the first six months of 1970 in nine categories which represent the person-blame situation-blame continuum. They looked at data-based articles which mentioned specifically blacks or fell under the abstract heading "Negro." Of the nine categories, Caplan and Nelson felt that only three would lead to system-blame interpretations of social problems. The result was that "82 percent of the classifiable psychological research dealing with black Americans reported in the six months of psychological abstracts supported either directly or by implication, interpreting the difficulties of black Americans in terms of personal shortcomings" (p. 240).

Interventions are designed to effect changes in the relationships between people and resources created by systems. As Caplan and Nelson (1973) indicate, on an intellectual level, psychologists and other social scientists understand the concept; but on an emotional level they have found it difficult to make it a part of their work. In this attempt to effect change in systems, we recognize that the major component is values and goals. Regardless of what systems and institutions do on an observable basis, there are guiding principles which result in the socialization of the child. We will notice that the child learns the values and norms of the society and what is expected of her/him.

While many of us understand the relationship between assumptions and values and treatment, it is not clear as to what can be done to change them. What types of concepts, training, research, implementations and roles need to be developed to shift the direction of the field?

SYSTEM INTERVENTIONS

Concepts

First we must develop and advocate for concepts which perceive problems as a relationship between the individual and an institution. Such concepts will suggest assessment techniques which will go beyond the identification of individual deficits. If we take current mental illness assumptions, we find that they leave little room for system views.

The initial assumption leads to person-blame causal statements, which in turn require individual or intra-psychic treatment modalities causing the target to receive inappropriate service. For example, a young black junior high student does not do well in school because he never sits in his seat. Upon being sent to the counselor's office he is quickly diagnosed as hyperactive. Of course, the most relevant treatment is drugs. However, the counselor might do well to observe how the child functions among his peers. He may look at the classroom and find that the teacher has made unrealistic demands on the children and, in fact, has a number of children doing poorly because they refuse to remain in their seats. A better treatment might be a less restrictive classroom setting.

Many of our current treatments are related neither to cultural values nor social institution influences. Seidman (1976) says that we are in need of interventions which consider the interaction between individuals.

Settings

Concepts we develop must in turn be reflected in our institutions. Nathans (1973) has proposed a public facility to study the urban environment. He has conceived an interdisciplinary program in which students (social service delivery) "fully appreciate the need to incorporate into their thinking the influence of history, culture, and technology on the environment. Students would work with health care planning units, housing administration agencies, educational agencies, and environmental groups." Such an institution he claims would, "not only benefit nearby communities and governments, but would also provide the college educational and research programs with a 'laboratory' to train students and to test research hypothesis" (p. 232).

New institutional settings are always needed. First, they represent new ideas, values and goals; and second, they reflect a certain amount of enthusiasm and personal commitment. An institution such as the one proposed by Nathans would be an ongoing center where research and training could be engaged in; however, the important component is the facilities value position.

Settings also refer to places where the institutional changes will take place. As the service deliverer moves out of the office, he/she will need to move into new surroundings. There will be grassroots groups interested in community projects which should attract the community psychologist. Organizing such groups would be another task worthy of involvement. All the places which, at one time or another, have been off limits become prime targets.

Role

Such facilities would change the role of the service deliverer. Once in the field he would share his professional position with the service recipient because he would become more concerned with assisting the target in accomplishing his goals than with forcing him to be competent as defined by another segment of the society. In essence, process instead of content would become important. The specific content in the form of values must come from those in the community. We must learn to listen and go through problem-solving strategies with them. Applied programs should be designed to meet a specific need as outlined by a constituency. If this be the frame of reference of the community psychologist, then he will not be approaching communities to tell them what they need; instead he will let them tell him. Out of this grows a particular type of research.

Research

Basically the research focuses on change and program evaluation. Seidman (1976) is currently developing an assessment of change and the various processes it goes through. Program evaluation becomes an important tool of the community psychologists. This can be carried out in the style of the poverty program evaluations (Rossi, 1969) or in a broader perspective (Fairweather, 1967). Nonetheless, research will need to move out of the laboratory and into the field.

All research will not be of a field nature; it will be a unique combination of field and lab. For example, let me relate that to the topic of the black child and social institutions; Rubovitz and Maher (1971, 1973) have investigated that teacher assessment is highly correlated with teachers' early impressions and expectations of the students. The first study in 1971 "involved the systematic observation of teacher behavior following an experimental manipulation of expectations. Teachers, who were undergraduate, elementary-teaching majors, were randomly assigned, 'gifted' and 'non-gifted' students." While the amount of attention given to all students was about the same, gifted children were called on and praised more than non-gifted children. The second study looked at the white teachers' interactions with black and white children. The results demonstrated that the mean number of interactions or attention was higher for white children than black children, with white gifted children receiving the highest number. The same pattern was true for the mean number of interaction responses to information request statements, however there was a small indication that black gifted children received less attention than black non-gifted. This was more clearly the case for praise. Whereas the mean number of interactions representing praise was 1.56 for black non-gifted and 1.29 for white non-gifted, the mean for black gifted was .58 and for white gifted, 2.02. Even more disastrous is the breakdown for the number of interactions representing criticism.

Data of this type are necessary to guide proper intervention. A service deliverer, accepting at face value the assessment of the teachers, would tend to develop remedial programs to enhance the child's learning potential. The fact is that teachers' insensitivity may account for poor student performance. The role of the service deliverer is to assess the values and goals of the black community and design interventions which enhance them.

TRAINING AND IMPLEMENTATION

Training students in program development and evaluation is essential. They must be introduced to the concept of listening and working with grass-roots organizations. While the usual academic courses will be of value, unstructured, well-supervised field experiences need to be encouraged.

Also, the notion that learning can only occur on college campuses must be overcome. Neighborhoods and communities must be perceived as rich training grounds.

Although program evaluation enjoys a lesser status than empirical research, it is the only gauge available to verify the efficacy of programs. Furthermore, program evaluation has the capability of being more responsive to community needs. Consider, empirical research is a process which tends to identify and describe human behavior. The utlimate goal is to uncover the rules of nature. Consequently obtained results, becoming fact, have a high degree of certainty associated with them. They suggest a phenomenon which is irreversible. For example, the idea that black Americans are inferior to whites is supported with I.Q. research which repeatedly shows a 10-15 point difference between black and white intelligence. Black and other minorities now labor under self- and other-imposed attitudes that they are inferior to whites and should be treated as such.

Program evaluation on the other hand answers questions regarding goal achievement and program value. The preconceived judgment in this case is that, "if a program realizes its goals, then it has been successful." Over the years, evaluators have begun to ask the value question to service recipients. Programs designed to reflect community goals and values will then be assessed as good if they realize the goals. The skills of program design, implementation and evaluation become the tasks of the interventionist.

The question now is what would a program look like.

TEENAGE PARENT INTERAGENCY PROGRAM

One program which has grown out of the previously mentioned notions and the Rapport et. al. (1975) project has been the Teenage Parent Interagency Program (TPIP). The goal of the program is to deliver social service to teenage parents. The program is designed as a coordination agency. Consequently, services of case finding, treatment planning and intervention are provided for several social agencies; and parents receive immediate, one-stop, intensive service delivery.

History

The program was conceived by a local resident who had originated and directed a university-supported community day care center. The center only accepted infants of teenage mothers who were still in school.

While at the day care center, the director realized that child care was only one of the difficulties the mothers encountered. They also experienced health, birth or family planning, and parental problems; some had come in contact with the law; school remained problematic; and above all, there was the ever present need for more assistance. By talking to the girls she learned that they were not aware of the various services in the community for which they were eligible. Those that did know had ceased seeking the service because each time they returned to the agency they saw a different person. Mothers who were involved with more than one agency had to negotiate transportation and time. Although this may appear to be a minor sacrifice, it was insurmountable for many of the mothers. Fortunately, many of the mothers participating in the day care center were instructed by the director to pursue assistance from social agencies. She discovered that other girls who did not participate in the day care program went unserved. In response to this program, the director conceived a social service coordinating program.

Program Design

The program staff consisted of a director, two graduate students and seven to ten undergraduates. The director made contacts with ten local social agencies including schools, probation offices, Department of Children and Family Services, and Planned Parenthood. When one of the above agencies received a referral which they felt needed more services than they could provide, they would call TPIP. An undergraduate staff person was assigned the case and instructed to do a preliminary interview to ascertain the extent of the problem and needed services. The information was then presented at a weekly meeting attended by all the agencies involved. This arrangement only worked for one semester; then these meetings were abandoned and all contacts were made on an individual basis. A service delivery plan was designed. Each agency was given the opportunity to state how their service was relevant to the case. The student was then instructed to implement the plan. Supervision was individualized and conducted by the graduate students and the director. All staff people were responsible for cases; therefore, the director and graduate students, as well as undergraduates, carried cases.

Students' training was on the job and academic. The director and graduate students had classes which described social agencies, their purpose, operations, their histories and their politics. In addition, the director emphasized and reemphasized the techniques for working in black and poor communities. The program is now in its third year of operation.

SUMMARY

Community programs designed to enhance an individual's strength through institutional change have been the focus of this paper. It is essential for black professionals to develop the type of programs which reflect this direction. We must remember that there are thousands of young people in social service fields, all of whom are not black. Our mission is to design procedures which can be implemented by anyone who is concerned and serious about the life conditions of their fellow human beings. We may like to romanticize and dream about an expansive network of black service delivery people, but we must keep in mind our goals. It has occurred to me that the necessary ingredient is not race but human understanding.

The writer would like to acknowledge Brenda Raine and Jules Harrell for their vision and devotion to black children.

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SOCIO-SEXUAL COMMUNICATION BETWEEN BLACK MEN AND BLACK WOMEN*

William H. Wheeler
Area Manager
A. L. Nellum and Associates

As one peruses the literature in search of materials on black sexuality, an interesting dichotomy becomes evident. That is, the preponderence of literature on black sexuality focuses on issues like sexual promiscuity, permissiveness and unwed motherhood; while white sexuality is far more likely to be characterized by studies of dating, courting behavior and male-female interaction. Studies of this nature have quite naturally surfaced distorted opinions on black sexuality (Wheeler, 1973). Thus, one finds a pervasive theme of black sexual myths and untruths throughout the literature.

In this paper, the author departs from the common theme of black sexuality and instead, focuses ostensibly on many of the elements which impact on the social-sexual relationships between black men and women. More specifically, the author explores the dynamics of black couples in social-sexual conflict and proposes an alternative approach which mental health practitioners may apply when seeking to work with these black men and women.

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*An abridged version of this paper was originally presented by Dr. William H. Wheeler as "Communication Between Black Women and Black Men As Seen By A Mental Health Practitioner" at the Black Women and the Bicentennial Conference, sponsored by Arizona State University on June 26, 1976.

The author makes no attempt to compare the aforementioned aspects of black social-sexual interaction with their white counterparts. Comparative analysis of this nature, though prevalent in most black life style studies, is believed to be invalid. E. Franklin Frasier (1961) argued almost two decades ago that black life styles must be viewed within the social context in which the behavior is shaped. The position renders comparative studies both judgmental and relatively useless for one who hopes to apply the data when working with black couples in conflict.

The studies quoted by the author provide the reader with a statistical frame of reference and a generic look at what will invariably prove to be a very specific and interpersonal problem between two people. The reader must take care in recognizing that, "statistics superimposed on an individual situation are by definition rhetoric." Mindful of this, the author cites examples and opinions drawn from his extensive experience with black couples attempting to work through a myriad of social-sexual problems.

Without a doubt there is a litany of behaviors and attitudes which ultimately impact on social-sexual communication between black men and women. These impinging forces have been explicated by many contemporary black scholars. Most recently, popular magazines such as Ebony and Essence have attempted to raise the consciousness of black Americans by identifying barriers which black men and women construct between the sexes. Often overlooked is the

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fact that some of the most prolific proponents of black life styles are black lyricists; and thus, from the love sonnets of Smokey Robinson to the extra-marital themes of Millie Jackson, we find black social-sexual lives acted out over 10,000 watts of Soul.

As one attempts to synthesize the many dynamic elements of black life styles to identify a single agent which will provide a backdrop and add simplicity to a complex integration of customs and mores, one theme seems to constantly repeat itself, as an ever-imposing force in the social-sexual development of black Americans. This theme was best addressed in an article by Jacqueline Jackson, entitled "Where Are The Black Men?" (1972). It has been elaborated on further in many of the writings of noted black sociologist, Robert Staples (1971); and, finally, explored in a paper presented at the Chicago American Personnel and Guidance Association Convention entitled, "The Sex Ratio: Utopian Ambience or Catalytic Agent to Black Female Abuse" (Wheeler, 1976).

The imposing theme is, of course, the black sex ratio. The sex ratio is defined as the number of men per 100 women. According to the last census (1970), there are about as many black males as females through the age of 14. But from 15 years of age on, black females outnumber black males. In fact, there are about 10 black females for every 9 black males. For most, that may not appear to be a large disparity; but if one does not control for age, there are an alarming one million plus black women in this country without available monagamous mates.

Let us focus for a moment on specific age categories. The sex ratio, for example, is 93 between the ages of 15 and 24. Note that this is a time (post-adolescence) when many young people are crystallizing the social-sexual values which will greatly influence their behaviors and attitudes. This figure suggests that black women will suffer a shortage of black men during these formative years. On the other hand, it suggests that black men will have an excess of women available while developing their social-sexual values. The implications derived from this disparity will be looked at later.

The sex ratio is even smaller between the ages of 23 and 34. During this period, the black sex ratio is 84.3. The implications for marriageability are obvious. Black women have a relatively small pool of men from which to select, while black men experience a "utopian-like rose garden" of black women ready and willing to marry.

As one might suspect, the sex ratio gets progressively smaller as black Americans grow older. In the final analysis, black women over 65 must suffer a sex ratio of 76, which means that many will spend their last years without the company and comfort of black men.

Let us look for a moment at those factors which help account for an overall black sex ratio of 90.8, while white Americans experience a sex ratio of 95.3. Dr. Jackson (1972) answered the question posed by the title of her article "Where Are The Black Men?" by noting that black men die at a disproportionately higher rate than black women from:

1. Heart and lung disease;
2. Alcoholism and drug abuse;
3. Atuomobile and industrial accidents;
4. Homocide and suicide.

Together, these killers of black men have significantly reduced the sex ratio. And yet, 90.8 is not an "operational sex ratio." When one attempts to operationalize the sex ratio, another large group of black men must be discounted, further lowering the sex ratio. They are those who are:

1. Imprisoned;
2. Dating white women exclusively;
3. Homosexuals.

Functionally, these men are not available to black women. When one has subtracted these men from the selection pool, a final deduction must be made for the black woman's discriminating taste before a realistic sex ratio manifests itself. Black women, for example, have a right to discriminate around such variables as:

1. Someone in her age group;
2. Someone with similar intellectual capacities;
3. Someone who is single vs. someone married;
4. Someone with similar interests.

Thus, as one can readily see, black women, in reality, have relatively few men from which to select. If she happens to be a black woman in the South, these factors are further aggravated by the migration of black men to the North during the 40's, 50's, and 60's. Many of these men never fulfilled the promise to send for their women.

In essence, the stage is set with a shortage of black actors; those that are available will find that the roles they play are a direct function of their numbers. Black actresses will find that being a member of the majority will invariably work against them as they struggle to respond to a script which they had little to do with developing.

Dr. Jackson focuses her attention on marital and family patterns which are affected by the sex ratio. I will speak instead to the effect that the sex ratio has on black male/female interpersonal behaviors or more specifically social-sexual behaviors.

Experience has shown us that as the sex ratio decreases, one can expect corollary increases in behaviors and attitudes which impinge singificantly on interpersonal relationships. An appropriate analogy is witnessed every day in the American marketplace. As the availability of a commodity decreases and the need for that commodity increases, the price will invariably climb. Black men in one sense may be viewed as a commodity in short supply and high demand. Black women unfortunately and invariably pay the price.

Thus, observers report the following to be a function of sexual disparity:

> Black women become more assertive (in a competitive sense) and more attractive. A woman who finds herself attracted to a man may no longer afford the luxury of waiting until he approaches her. Such a tactic is doomed to failure when one is competing in an ambience of sexual disparity. Inevitably, another woman in the prophetical words of Mary Wells "will beat you to the punch."

Note also that when black men are asked, "Where are the most attractive women in America?", the names Atlanta, Georgia and Washington, D.C. almost always appear among others. The sex ratio in Atlanta is purported to be 8 to 1, and in D.C., it is said to be as high as 16 to 1. One might speculate that with that kind of competition, black women have learned to make themselves attractive.

Black men become less accomodating. This often manifests itself in an insensitivity on the part of the black men to the needs of black women. Dating behavior becomes synonymous with sexual behavior. Staples (1972) notes that black women are seeking courtship, while black males are seeking sexual gratification. Neither, he claims, objects to meeting the other's needs. And yet, many black women, on college campuses in particular, report that black men expect sexual favors while refusing to spend money on dinner or entertainment. Some black men have reportedly become crude and abusive as they realize that, "if she doesn't accept it, someone else will."

Black women are expected to share their men, while men expect monogamy from their women. I believe this mind-set is established very early in life as little boys see their role models, older friends and relatives and even their fathers with girlfriends other than their formal or legal relationships. Although there is no discussion of the sex ratio, the impact of this disparity is felt as girls are taught that "boys will be boys" and they, too, witness men with several girlfriends. In the South, where the sex ratio is most pronounced, black women readily admit that their men probably have other women on the side. Little girls, on the other hand, are taught the virtues of monogamy. Men later reinforce this teaching by demanding, often with the threat of violence, that their formal or legal women be monogamous. It was undoubtedly the recognition of this informal and yet, semi-structured polygamy which inspired Jackson (1972) to suggest that black people should begin to formalize these extended (extra-marital) relationships and to accept them as an expected byproduct of a small sex ratio.

Black women are expected to compromise in conflict, while black men are far less willing to change. One might speculate that at least in part the stubborn tenaciousness of many black men which dictates that "things must be done their way or not at all" is a spinoff of the control which their high demand status lends them. On the other hand, one might assume that some of the compliance witnessed in black women might be a function of wanting to hold on to a man rather than take the chance of being alone.

> *Black men can afford the luxury of being very selective, while black women are forced to be far less selective.* As the selection pool diminishes, black women often find that the ideal man is simply not available. Thus, if she wants a college-educated man with a stable income, she may compromise her principles and date a married man who has the other qualifications. She may, on the other hand, settle for dating someone with whom she has very little in common if he is warm and sensitive. Invariably, she will compromise in her selection based on the available pool. Black men having a far larger pool to select from are provided with the privilege of having considerably more discrimination. The threat of being without a mate is very real for the black woman, but rather nebulous for the black man.

The sexist-chauvinistic double standard is obviously reinforced by the sex ratio. This is evidenced in the five characteristics of sexual disparity mentioned earlier and is witnessed further if one notes the characteristic development of sexual behavior in young black men and women. Articles by Ladner (1972) and Wheeler (1971) respectively demonstrate the impetus behind the black women and black men's early sexual behavior. It is my contention that many black women tend to develop unselfish, male-oriented sexual behavior, while many black men are far more likely to develop more selfish, peer-oriented sexual behavior. The analogy of supply and demand might once again place these characteristics into perspective.

Ladner (1972) suggests that young black girls choose to indulge in sexual intercourse for the following reasons:

1. Sex provides a viable substitute for other unfulfilled areas of gratification.
2. Sex provides a sense of belonging and a feeling of being needed by her boyfriend.
3. Sexual sharing provides a common sense of identity and unity.

4. Sex is sometimes viewed as a system of exchange.
5. Sex is a response to his concern by attempting to fulfill his needs in the best way she knows how.

Wheeler (1971) reports the following as characteristics of young black males' sexual development:

1. Sexual intercourse and sex play are experienced very early in life.
2. Girls are viewed as potential sexual conquests or a challenge to one's ability to "rap" or "get over."
3. Sexual activity is an expected part of male-female interactions even if one does not want to.
4. Men are expected to have one formal girl and a host of other women available to them.
5. Men are expected to act out the "cool syndrome" even in their heterosexual relationships.

As one might guess, the disparity in the sex ratio and early sexual orientations, as well as other behavioral and attitudinal differences between black men and women, very often lead to conflict. This conflict covers the gamut from purely sexual problems to rather generic communication problems. One article published in Essence (1973) argues that black men and women are becoming "Polar Entities Apart." According to the U.S. Department of Commerce's Bureau of Statistics, in 1975, 26.6 percent of the black population between the ages of 25 and 54 was divorced or separated; an analogous figure for the white population is 8.4 percent.

These figures are up from 1970 when they were 19.9 percent and 5.5 percent respectively. A black divorce rate which is three time the white rate suggests that mental health practitioners should look closely at black heterosexual, interpersonal relationships.

A closer look at antecedents to conflict was offered in an article published in the Detroit Free Press (1976), entitled "The Burdens of Black Couples," in which black men and women registered the following complaints about each other. Black men felt that black women were too:

1. Middle-class oriented and materialistic;
2. Threatening and castrating;
3. Independent and impatient with their men's lack of ambition;
4. Sexually inhibited and unimaginative;
5. Non-supportive and unwilling to submerge their interests for their men;
6. Lacking in the subtle art of getting and keeping a man.

Black women, on the other hand, felt black men were too:

1. Non-communicative;
2. Insensitive;
3. Unstable and incompetent;
4. Insecure with very fragile egos;
5. Spoiled and courted by black and white women;
6. Selfish, thoughtless, jealous and resentful of black women's successes.

These complaints by both parties are not new. In the now famous Ebony series (1975) "Mistakes Black Men/Women Make in Relating to Black Women/Men," the same problems surfaced. Black men felt black women were hostile, had sexual hang-ups, were insecure and took their problems in the relationship to persons on the outside. Black men were thought to be insensitive, ego struck, sexually hung-up and lacking in communication skills. The problems are well identified. The next step is to seek out viable solutions. Many of us who work in the field of mental health recognize that helping black couples work through interpersonal problems is uniquely different from working with white couples. On one hand, there is obvious truth in Dr. Frances Welsing's (1975) comments that:

> Blacks must begin to realize that most problems in male-female relationships stem from forces beyond their control. . . 90 percent of what happens in a black male-female relationship is not controlled by black people, but the power of the social system.

On the other hand, many of these variables are beyond the control of the mental health practitioners. Thus, as a helping agent, he or she can bring available resources to bear and by articulating the impact of external forces help the couple see the impact of these forces on their interaction.

A second problem unique to many black couples is the cultural characteristics which are incompatible with traditional counseling approaches. These were outlined in detail in a paper presented to a New York APGA Convention (1975) entitled "Counseling From Your Black Bag. . .or Counseling From a Cultural Perspective" (Wheeler, 1975). In summary, they are:

> Many blacks have been socialized to handle their own problems and feel that problems should not be taken outside the family milieu.
>
> Many blacks feel that anyone that has to see a counselor/therapist must be sick or "crazy."
>
> Many blacks have a fear of their business being put in the street, and seeing a counselor poses that potential threat.
>
> Many blacks feel that counselors are insensitive to their unique culture and thus ineffective.

Experience suggests that each of these general characteristics is multiplied several-fold for black men who traditionally are the most difficult to get into counseling sessions.

Counselors hoping to work successfully with black couples in conflict must be prepared to deal with both the external forces which impinge on these couples and their cultural peculiarities.

A technique which I have found very successful might be illustrated by the following statement of a typical problem by Ralph and Bessie. The content for their statements was drawn from several different interviews with black college students. Many of these students were living together, others were related to each other in an ongoing relationship, some were married to each other. In her interview, Bessie queries:

> Look, why won't he stop his women from calling our apartment? And I know he brings them around when I'm not home. He will even get up at 3:00 o'clock in the morning and if I question him or say, "Where are you going?" he just says, "Out." I don't want to go out without him (he wouldn't let me, anyway), but he gets pissed off if I'm not home when he gets there or any time he doesn't know where I am. He would kill me if he thought I was seeing someone else.

In his interview, Ralph angrily expressed his feelings:

> Man, I'm going to have to cut this chick loose! I don't need anyone who has got to know where I am every minute and I sure don't need anybody nagging me about "who was that on the phone." And when I feel like going out, I sure can't be checking with no woman. Yeah, man, I have some other ladies, but so what; what's wrong with that? You don't think I'm going to get hung up on one woman with all the fine ladies out there, do you.

Bessie and Ralph express a repetitive theme articulated by many young black couples. Typically, Ralph takes the non-compromising position and counseling sessions are bogged down with frustrating attempts at exploring options and generating change. Unfortunately, too often the counselor or clients decide that the sessions are a wasted effort and the therapy either terminates or Bessie is seen alone to help her adjust to her situation. Some counselors have experienced relative success with either convincing Bessie that "boys will be boys" and that she should simply accept the male-imposed polygamy, or convincing Ralph to agree to relate to Bessie in the traditional (monogamous) acceptable fashion. It has been my experience that when one member of the couple accepts the onus for change, it generally leads to increased frustration and anxiety by that individual and an eventual regression to past behavioral patterns. Instead, I support a five-point approach, followed by a five-point strategy for change. Both are summarized below:

Five-point Approach

1. I see the couple together. It has been my experience that it is difficult to impossible to effect change within the relationship if the counselor is only seeing one member of the couple. This generally poses a problem for many black men who typically resist the woman's insistence that they participate in counseling. On many occasions, I have had to pose a non-threatening rationale for involving the black male

in the session and proceed with caution until he and I established a working relationship.

2. I work with an opposite sex co-therapist. The many advantages of utilizing a co-therapist are magnified when working with a black couple. The co-therapist provides each member of the couple with a same-sexed individual to identify with. They help their client-counterparts articulate issues and concerns. The presence of my female co-therapist minimizes the possibility of a potentially dangerous transference relationship with the female client. Such a relationship is particularly threatening to the black male client. Ironically, many black male clients find it easier to articulate their concerns to the woman therapist.

3. I help the couple articulate the positive aspects of their relationship. Generally, by the time a black couple perceives their problem as serious enough to warrant counseling, the relationship has disintegrated significantly. The discussion will focus primarily on what's wrong with the individuals or the relationship. My query for positive aspects of the relationship is not motivated by an evangelistic need, but rather by my conviction that "a couple that has no reason to remain together will soon separate." I am simply trying to determine what if anything is presently or might ultimately be used to hold the relationship together. Invariably, in spite of the present conflict, each individual meets some of the other individual's needs.

4. I arrange to see them separately. Time and time again, I have discovered that the underlying cause or an important element of a problem is an issue which one member of the couple will not discuss openly in front of the other. Extramarital affairs generally fall into this category, as do past behaviors or special feelings of inadequacy. Many of these issues will ultimately need to be explored by the couple after the individual has begun to work through them with the counselor. Separating the couple also allows the counselor to establish relationships with both members of the couple. This process can be utilized to help the black man, who is often coerced into therapy, feel as though the counselor's allegiance is not solely with the woman who may have initiated the counseling.

5. I encourage and facilitate full discussion of all of the issues which impinge on the relationship. Generally, by the time I see a couple, they are exercising considerable discrimination in deciding what they will discuss with each

other. Certain issues are thought to be too volatile and are either avoided, result in arguments, or are not discussed. I am careful to get approval before introducing information which is shared in confidence and I do not force the couple to share with each other potentially destructive data (i.e., extramarital affairs).

Five-point Strategy for Change

1. *I facilitate the woman's understanding of the dynamics of her man's life style and his socialization, as well as external forces which may affect his behavior.* If issues such as jealousy are prominent, I try to get her to deal with them while identifying non-standard criteria by which to relate to her man. Together we attempt to develop realistic criteria that take into account her man's frame of reference and her personal needs. For example, if he comes home at night, is supportive, and a good father; then, maybe these things should be given at least the same consideration as is given to what he does when she is not around, or whether or not he has another woman.

2. *I facilitate the man's understanding of the dynamics of his woman's life style and her socialization, as well as external forces which may affect her behavior.* I try to help him place her needs into perspective and explore different ways that he might respond to her needs. I point out inconsistencies in his behavior as it relates to the disparity in his expectations and willingness to give. And I confront him if necessary with the "respect" his woman may need but that he may view as insignificant.

The last three steps in this strategy for change are the most difficult for clients. They usually entail homework assignments and very specific behavioral changes.

3. *I facilitate the couple's operationalizing of the new criteria for viewing their relationship.* I help them develop a plan by which the woman gradually assumes more freedom in the relationship. The couple is assisted in the difficult task of reassessing and modifying individual roles.

4. *I teach the woman to assertively act on newfound freedom and help her man relate to her freedom in a non-threatening fashion.*

5. I teach the couple to communicate through a comprehenseive series of activities both in the office and at home. Whenever possible, these exercises are self-reinforcing. Thus, one partner reinforces the other partner's attempts at communication by responding to predetermined needs.

The problems expressed in this paper are obviously not unique to black couples nor am I sure that they would be any less overt if there was not the imposing disparity in the sex ratio. But, they are the kinds of problems and issues that mental health workers will have to address if they are to positively impact on black couples in conflict. The reader must be careful to note that this paper is not intended to characterize black men and women. I am not suggesting, for example, that social-sexual relationships between black men and women are characterized by conflict in general. And yet, conflict does exist in many of these relationships and mental health practitioners may find some of this information helpful in working with these couples.

In closing, I would like to share a quote which I believe captures the essence of many of the issues explored in this paper. The passage is taken from "Open Letter to My Lost Love," (Coombs, 1972) and is written by a black man who realized too late how he related to his woman.

> It was finally my posture of machismo that defeated us. I was reared like my father and grandfather to have little respect for black women. Because we could not soar, we did not want you to. You were to bear us sons, cook and clean, and take our verbal and physical abuse because we married you. We felt that your lowliness was all we had to bear witness to our manhood. Absorbed in the mythology of the streets, we could not show our affection for you because that would be an admission of our weakness. We know that black bitches do not appreciate

love. How could I then cry out and let you know that if you went away, my sun would begin its downward turn? How could I stand naked in my vulnerability? So, instead of pleading, I cursed.

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FAMILY SERVICE COMMUNITY - A MENTAL HEALTH PROBLEM-SOLVING SYSTEMS TREATMENT

Gary F. Ware
Director, Mental Health Program
Morgan State University

THEORETICAL BACKGROUND

A basic condition of survival is growth or change. Growth and change are supported most economically in group living. Difficulties for the individuals arise when the meaning of survival is communicated in terms of "rugged individualism" and "survival of the fittest." These notions characterize the philosophy of liberalism which undergirds the "free" enterprise system as we know it today.

> The practical meaning of (liberalism) is shown in both title and content of Magna Carta Liberatum (1215) -- the Greater Charter of Liberties -- which sought to guarantee for individuals and communities their differential and appropriate spheres of freedom. Moreover, these guarantees of medieval constitutionalism were not only differentiated, they were also inflexible. For the members of each rank order of men, there were proper patterns of conduct, made known by custom, law and religious teaching. It was the purpose of the polity to protect and support each member in his station and its duties. For the individual to be free meant being free to imitate these models of propriety and so to serve God.[1]

God's surrogate in the context of the fifty-minute hour is well known.

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[1] Samuel H. Beer, Modern Political Development (New York: Random House, 1974), pp. 89-90.

Framers of human service policies and practitioners of human service methodology, for the most part, labor within the philosophy of liberalism as characterized above. This has been well documented by Halleck in *The Politics of Therapy*, Kittrie in *The Right To Be Different*, and Ryan in *Blaming The Victim*, among others.

Gatekeepers in human service professional schools and associations are no less vigilant when educating those who will become future implementers of the policies and practices of liberalism.

Herbert Shepard discusses the primary mentality which is a post socialization lapse into primitive lower order behavior.

> "The individual sees himself as separated from the rest of the world by his skin. To provide what his internal environment needs for these purposes he must compete with other individuals for the scarce resources available in the external environment. Other individuals are at best instrumental to him in the satisfaction of his needs."[2]

The population in general owns this mentality to a significant degree. The fundamental issue is how can human service professionals keep this need to deal with the primary mentality in the foreground of their respective gestalts in order to consciously deal with it in themselves, their colleagues, and their clients while transacting with them. This is especially critical when attempting to communicate across reference group boundaries with clients who respond positively to the more eclectic treatment approaches than to the economic verbal model. For some of us this requires "deschooling" in the context that Ivan Illich discusses it in Deschooling Society.

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[2] Herbert A. Shepard, "Changing Interpersonal and Intergroup Relationships in Organizations," in *Handbook of Organizations*. ed. by James G. March (Chicago: Rand McNally, 1965), p. 1118.

Shepard offers us an alternative frame of reference for practice that he calls the "secondary mentality."

> "The secondary mentality assumes that personal development, well-being, self-actualization are the products of authentic interpersonal relations. It assumes that the individual can only develop and express his full potential in an interpersonal atmosphere of trust and openness."[3]

The secondary mentality concept has congruence with Murrell's complex-man assumption which cautions us to view each individual and ourselves as unique individuals who transact with multiple systems including the treatment gestalt, which could be viewed as an open system created by inputs from other systemic experiences.[4] Katz and Kahn's systems postulate of equifinality or multiple causation is meaningful here.[5]

In developing the Family Service Community as a treatment vehicle, I used an adaptation of a systemic network approach called social treatment found in Whittaker, Social Treatment: An Approach to Interpersonal Helping, which involves change that takes place with the actors in a transactive mode at the macro and micro levels.

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[3] Shepard, p. 1127.

[4] Stanley A. Murrell, Community Psychology and Social Systems: A Conceptual Frameowrk and Intervention Guide (New York: Behavioral Publications, 1973), p. 52.

[5] Daniel Katz and Robert L. Kahn, The Social Psychology of Organizations (New York: John Wiley and Sons, Inc., 1966), p. 25.

> "Social Treatment is an approach to interpersonal helping which utilizes direct and indirect strategies of intervention to aid individuals, families and small groups in improving social functioning and coping with social problems."[6]

Earlier I mentioned that the human service practitioner within the framework of secondary mentality must engage in a parallel process of "working on oneself," a paraphrase from Persig's Zen and the Art of Motorcycle Maintenance. The payoff for the practitioner and the residuals accruing to the person receiving treatment have been well documented in the literature on Gestalt-confluent training which is characterized by the following:

1. Holism. The assumption that the relationship between intellect and effect is indestructively symbiotic and that attempts to separate the two are artificial.
2. Responsibility. The acceptance of the concept of psychological growth as a natural process and an emphasis on the need to remove blockage to growth.
3. Homeostasis. A process of homeostasis through which the individual maintains his equilibrium and health under the continually varying conditions, governs all life and behavior.
4. Contact and the Contact Boundary. An awareness of one's projections, and the ability to clearly differentiate between what is "me" and what is "you".[7]

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[6] James K. Whittaker, Social Treatment: An Approach to Interpersonal Helping (Chicago: Aldine Publishing Company, 1974).

[7] Mark Phillips, "The Applications of Gestalt Principles in Classroom Teaching," Group and Organization Studies: International Journal for Group Facilitators, I (March 1976), 84-85.

The results of the applications of these principles have been dramatic. ". . .Gestalt confluent training apparently has notable effects on teachers' personalities and therefore upon their classroom behavior as well. These effects include increased awareness, personal responsibility, emotional expression, self-knowledge, self-esteem, and flexibility. It is likely that the effects of these changes on the classroom environment have been reinforced and strengthened by related changes in specific teacher skills and competencies."[8]

We can readily see that this approach is a developmental one for the practitioner, the client, and other actors in the human service delivery system. The Family Service Community was, indeed, a learning gestalt.

THE FAMILY SERVICE COMMUNITY

Genesis

The Family Service Community took place in a suburban community mental health center in a large metropolitan area. The black population represented 40 percent of the community residents. In orientation, the black residents were middle-class but in social position and income, they were lower middle-class, underrepresented and largely peripheral in the decision-making processes and in employment in human service agencies. In the community mental health center at the time, the interdisciplinary staff was comprised of no fulltime blacks, one half-time black female volunteer, and two part-time black males.

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[8] Philips, p. 89.

I had been engaged in traditional therapy activity at the center and was conducting a highly successful outreach effort involving discussion groups in various community settings with parents of school age children. Volunteer training was a part of this effort. Blacks were invisible in program activity within and outside the center. I began to find time to involve myself in the black community to find out why.

I soon learned that one of the problems that was manifest most was an exceedingly high rate of public school suspensions of black youth. The Department of Health, Education, and Welfare had mounted a national study into the problem. It was also documented elsewhere.[9] I became particularly interested in the latency age (8-12) group because of the nonthreatening valence of younger children to the teachers and school administrators. Another reason was that I had talked with some of the older youth in the community and found that their negative experiences in the school system required some intensive work using a variety of multi-target intervention techniques. Additionally, the public school system had just released a very substantially racist document which contained the usual deficit-attributing, victim-blaming recipes that appear in the social control apologist literature of the 1960's. The school report was an explication of the "them-us" dichotomy which characterized the primary mentality.

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[9] Marian Eldeman, Children Out of School in America: Report of the Children's Defense Fund (District of Columbia: Washington Research Project Action Council, 1974).

As you might well imagine, there was resistance on the part of the center staff, particularly administrative, to the idea -- a concept which was quite different from the medical model that served as a frame of reference for the work done at the center. I negotiated from the position that I had performed competently at the center for four years using the medical model and wished to test some other theories of intervention to which blacks would be responsive in a problem-solving situation. My proposal was that the Center was not serving 40 percent of the population in the community. By this time, I had significant visibility in the white and black communities and there was the unspoken veiled threat that the center might lose a statistically significant portion of their black staff if my proposal was not accepted.

Structure

The Family Service Community was designed to respond to the low utilization of mental health services by black families, despite mounting problems of their school aged children.

The Family Service Community was a multiple systems approach to problem-solving in a suburban community mental health center. The black family and its cultural orientation provided the frame of reference for the social treatment approach.

The patients were parents and their children between the ages of 8 and 12 years of age who were identified as exhibiting problem behavior from multiple referral sources (i.e., schools, juvenile court, the family recreation centers). The clients could come for six weeks without a case being opened.

The goal was direct help through intervention with the family and indirect help through intervention with adjunct systems in the community. Though the Family Service Community was utilized as a crisis intervention and/or screening device to needed services within the center and other community agencies, the major focus became intervention with collateral potential support systems in the agency and in the community. This consultation began with the first contact with the family and/or the collateral source. The rationale was a simple one -- to make supportive the patient's natural gestalt since treatment was a temporary interlude. Gestalt readiness to support is equally as critical as the treatment of the client. Involvement with the parents and children together in the Family Service Community was advantageous in this regard. Through the confluent education process, an effort was made to develop and enhance the secondary mentality within the black families and within staff from adjunct support systems.

The Family Service Community, in this sense, was not a separatist ploy, but an integrative ecological one which sought to develop the resources maximally in each part of the gestalt through the vehicle of social treatment. Hence, the economy of effort was to be established in the gestalt by maintaining social and psychological ecology in the service giving and other community systems. The effect was that of primary prevention.

The Family Service Community treatment team consisted of a black receptionist, a black female professional, a 16-year-old black female, a 13-year-old black male, and myself. The obvious reference was to an intact nuclear family. After several sessions the black female left the team which was a gratuitous event for the perspective of the team -- all fully functioning families do not fit this model. The two teenagers were youths that had been identified by a neighborhood workers as experiencing some difficulties themselves. My decision to engage them was based on the helper principle. This principle has been much written about, particularly in the work of Pearl, Riessman, McClennon, Minuchin and Vidaver.[10] I paid the teenagers the minimum wage out-of-pocket. The receptionist and I were the only paid staff. The volunteers were trained by me for four weeks in three-hour sessions.

The Family Service Community was a walk-in clinic with referrals from other agencies. Discussion was the primary tool used. Flyers were circulated in the community. The sessions were on Saturday morning and were one-and-a-half hours long. The team met a half-hour before and after sessions for case discussion and staff development. A full-time center staff person was available to me for consultation and to report the Family Service activity at regular center staff meetings. Center staff and staff from outside agencies who had made referrals were invited to the treatment sessions and/or the evaluation sessions. Though only paid for three hours, on my own time I devoted 10 to 15 hours a week to case consultation in the public schools, evening home visits, and visits to community agencies for casefinding purposes. As coordination problems grew and I became employed in an area which required a considerable commuting distance, I was not able to do adequate follow-up. I requested follow-up personnel from among a sizable multidisciplinary student trainee population at the center, but received no support in this area from center administrative staff.

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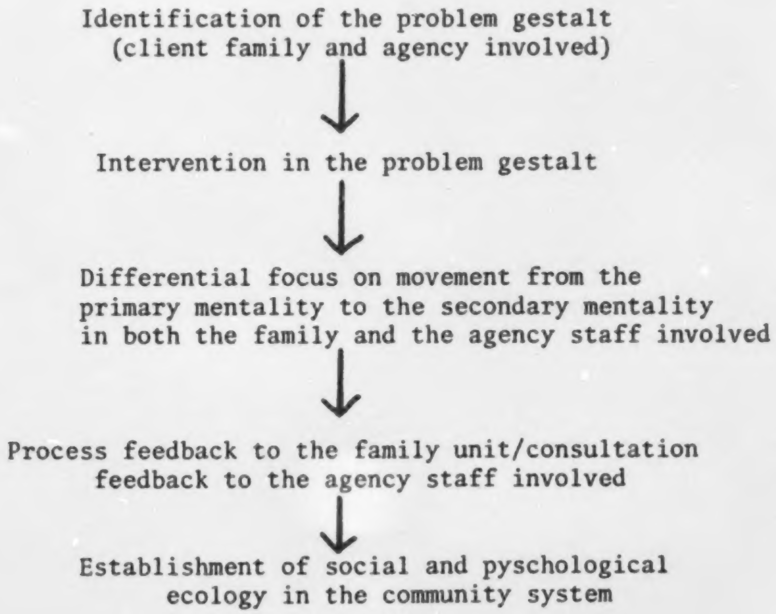
[10] James G. Dugger, The New Professional: Introduction for the Human Services/Mental Health Worker (Monterey: Brooks/Cole Publishing Company, 1975).

One other problem area which I addressed was the treatment theory of "when in doubt, label as hyperactive and medicate." This took place without regard for informed consent or invoking the guidelines for protection of human subjects. The following model is a summary of the Family Service Community process.


Identification of the problem gestalt (client family and agency involved)
Intervention in the problem gestalt
Differential focus on movement from the primary mentality to the secondary mentality in both the family and the agency staff involved
Process feedback to the family unit/consultation feedback to the agency staff involved
Establishment of social and pyschological ecology in the community system

Outcomes

Positive outcomes were enhanced family communication and problem-solving in their own behalf within themselves, within the family, and within the community. Parents were helped as much if not more than their children. The teenage helpers developed greater self-esteem and resolved many of their own family and school problems. There was increased responsiveness and sensitivity to the needs of blacks by some center staff and outside agencies. This was measured by the increasingly active engagement in problem-solving efforts on behalf of the clients in the Family Service Community and other blacks in the community. My own learning was tremendous -- particularly the differential time frame necessary for the development and application of the secondary mentality by individuals.

Negative outcomes were the benign neglect posture of the Center administration manifested by the withholding of outreach follow-up staff support, the development of evaluation criteria based solely on statistical reporting criteria, and primary mentality constructs. Additionally, the center administrative staff questioned the skill and impact capability of the treatment team members, including me, and especially the volunteers. What is incongruous is that the center staff could not justify in a definitive way their own practice to the agency board or funding sources. This ultimately led to a confrontation between me and the clinical director over statistical reporting and the cancellation of the project. This took place despite the fact that the two-year life of the project ended at a time when the State Mental Health Board had decreed that there should be Saturday clinics. Also at this time, there were several lawsuits pending in other jurisdictions about the disproportionate number of blacks who were being put out of public school. I tried, with minimal success, to export components of the Family Service Community to other agencies.

EPILOGUE

I continued to work at the Center. Approximately six months later a team of two young white professionals staffed a Center outreach storefront in a transition neighborhood. In talking with one of them, I learned that clients were seen sporadically. What was more revealing was that they were labeling clients using the primary mentality jargon of the traditional mental health diagnostic designations. In my philosophical moments, I fantasize about the residuals of the secondary mentality that lay dormant in all of us and hope that one day they may be present in the foreground as an integral part of the human service profession.

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TRANSACTIONAL ANALYSIS (EGO STATES) AND THE MENTAL HEALTH OF BLACKS

James E. Savage, Jr.
Assistant Professor, Psychology Department
Howard University

Yvonne B. Kelley
Ph.D. Candidate, Psychology Department
Howard University

INTRODUCTION

Psychotherapy and its complementary techniques were initially designed and prescribed for persons of middle and upper class socioeconomic status (Lerner, 1972). Freud (1959) acknowledged that psychoanalytic therapy required alteration and modification if it were to reach the masses of those in need of help. Riessman, Cohen, and Pearl (1964) also agreed that traditional psychotherapeutic treatment approaches do not meet the problems of great numbers of people. They further contended that awareness of the mental health problems within the lower socioeconomic segments of society should increase the services available to the poor.

Agel (1971) contended that therapy in America does not address the problems of the poor and cannot be viewed as the solution for their problems. Davis (1938) and Gursslin, Hunt, and Roach (1959) also concluded that the mental health movement propagated a middle class ethic under the guise of science. Contemporary psychotherapy's most significant failure has been cited by Shane (1963), Lerner (1972), Goldsteen (1973), and Eysenck (1952, 1960) to be a marked absence of treatment approaches of apparent or demonstrated worth for lower and working class patients, and of subcultural inconsiderations, especially when dealing directly with blacks.

The data of Overall and Aronson (1963) also lend to the growing evidence of present psychotherapy's failure to meet the needs of the low income group. Brill and Storrow (1960) suggested that the restriction of mental health treatment of psychotherapy neglects the assessment and modification of the causal elements within the patient's environment; this is the crucial factor often neglected by psychotherapists. Reusch (1953) and Hunt (1960) argued that the principles of psychotherapy are class linked; the methods were designed for people belonging to approximately the same social class who share common assumptions, thus, psychotherapy should be entirely confined to that group of people.

Agel (1971) viewed current therapy as a power relationship between people that perpetuates social control. He contended that the majority of currently employed psychological theories have served to legitimize client oppression. Halleck (1971) shares Agel's views and discussed the subtle nuances within the process of labeling which contributes to the oppression of deviant groups by strengthening the external group's beliefs of their danger and/or inferiority. Reissman, Cohen, and Pearl (1964) pointed to the dangers of social control inherent in the continuation of class bias through the expansion of American mass media communication. Szasz (1963), Leifer (1969), and Menninger (1967) have also addressed these issues.

Most therapists are white middle-class males (Koedt, 1971; Agel, 1971), which makes it difficult for women and lower-class black, brown, and red people to get counseling in a non-oppressive way. Koedt (1971) alleged that the psychiatric view of the psychological needs of women, for example, is formulated on the assumption of male superiority. Halleck (1971) stated that the writings and teachings of psychiatry have helped to provide a rationale for keeping women in a subservient position, the woman in psychotherapy having been exposed to a value system that emphasizes the virtues of passivity. Women's rejection of those values often leads to an interpretation of their attitudes as "immature."

Hollingshead and Redlich (1959) found the differences in treatment quality for the affluent and the poor deplorable for the latter group. Furthermore, they considered it even worse when, in situations where the ability to pay was not the crucial factor, potentially repressive treatments (drug and other somatic therapies) were continually used in treating lower-class people. Psychiatrists are implicated by Halleck (1971) of employing similar practices when dealing with black patients. In essence, current therapy offers solutions to those who accept the system and strive to maintain their places in it (Agel, 1971). The literature evidences the need for more effective and acceptable alternative treatment approaches in psychotherapy. One possible consideration is Transactional Analysis (T.A.).

T.A. is both a psychological theory and method. Developed in 1954 by Dr. Eric Berne (1910-1970), the theory serves to clarify the abstract ideas of psychology so that they are comprehensible to those who have difficulty understanding its precepts. Emotional and intellectual insight can be acquired by using T.A., but the method focuses on the latter. James and Jongeward (1971) described T.A. as an analytical thinking process. They further contended that the methods of T.A. are based on the premise that anyone can understand himself, other people in his life, and how to improve his interpersonal relationships.

Berne (1961) stated that his theory evolved as he observed behavioral changes in a patient when a new stimulus was introduced. Facial expressions, word intonations, sentence structure, and body movement denoted these changes and it appeared that the total personality of the patient was being controlled by several different inner people. Berne (1961) observed the various "selves" transacting differently with other people in ways that he found could be analyzed. He saw that some transactions had ulterior motives as they were used by the person to manipulate others into psychological "games" and "rackets."

T.A. was originally developed as a method of psychotherapy. However, its usefulness is not limited to the psychotherapeutic setting. James and Jongeward (1971) and Harris (1969) stated that it also provides a perspective that most people can understand and utilize for other purposes.

T.A. is preferably used in groups, as the group is a setting in which people become more aware of themselves, the structure of their individual personalities, games they play, and the scripts they act out. Hallett (1974) and James and Jongeward (1971) agreed that such awareness enables people to see themselves more clearly so that they can change those aspects of their behavior that they want to change and strengthen what they want to strengthen.

T.A. deals with three types of analysis:

(1) Structural Analysis -- analysis of the individual personality;

(2) Transactional Analysis -- the analysis of what people do and say to each other;

(3) Script Analysis -- the analysis of specific life dramas that people compulsively act out.

Accepting as a general statement that people seeking psychological help are confused, the goal of psychotherapy becomes to resolve that confusion via a series of well planned analytic and synthetic operations (Agel, 1971; Berne, 1966). Greenblatt and Levinson (1967) listed these as the goals of psychotherapy: as far as possible to do no harm, to relieve suffering, to assist natural healing processes, and to prolong life.

Ellis (1967) cited that his main goals in treating patients in psychotherapy are: leaving the patient at the end of the process with a minimum of anxiety or self blame and promoting a minimum of hostility to or blame of others in his environment. He listed as equally important that the patient be given a method of self-observation and self-assessment that will insure him of the capacities needed to minimize anxiety and hostility for the rest of his life.

Berne (1966) described some methods of leaving the patient in a lesser state of confusion as: decontamination, recathexis, clarification, and reorientation. He defined --

> decontamination as the "rectification of distorted reactions, feelings, or viewpoints that the client might have by a process analagous to anatomical dissection"; recathexis as "the changing of the effective emphasis the client puts on various aspects of his experience"; clarification as "the understanding by the patient of what is going on in order that he can maintain the new condition in a stable form and hopefully extrapolate the previous processes (without a therapist) into new situations that he will encounter after the treatment is terminated"; and reorientation as "the changing of all the client's behavior, responses, and aspirations to what some reasonable consensus would regard as more constructive" (p. 287).

Besides meeting the general criteria for usefulness previously delineated, T.A. is specifically advantageous as a psychotherapeutic method because it supplies a framework (structural analysis) with which decontamination can take place. It explicitly states what particular ego state is contaminating the other (Berne, 1964; Harris, 1969). Structural ayalysis also provides a key way to answer the questions: (a) Who am I? (b) Why do I act the way that I do? (c) How did I get this way? (James and Jongeward, 1971).

Because of clear statements in easily accessible material, the specialized vocabulary, and the operational nature of T.A., it also offers an easily learned framework for clarification and an immediately verifiable check on the client's degree of reorientation (Berne, 1966). Berne futher contended that the general applicability and the rapid effectiveness of T.A. affords the therapist an instrument for accomplishing this therapeutic obligation with relative economy and that the therapeutic results of T.A. compare favorably in stability with those of any other approach.

Favorable results with T.A. have been reported by James (1975) in organizing and training advocate groups to maintain personal control during the Civil Rights movement; in the Little Rock, Arkansas Board of Education's attempt to develop a more responsive and effective school system (Westerly, 1974); and by James (1973) in an effort to promote better relationships within the church setting. These results were possible because of the understanding made possible by the concept of ego states, which is the major construct undergirding the theory of T.A.

EGO STATES

An ego state is a coherent system of feeling accompanied by a related set of behavior patterns (Berne, 1961). Dr. Wilder Penfield's work with epileptics provides the major substantiating evidence for Berne's definition. Penfield (1952, 1953, 1959) conducted a series of surgical experiments during which he used a stimulating electrode to outline the epileptogenic area of the temporal cortex of the brain. The patients were anesthetized locally and were in each case able to talk with Penfield during the operation. Penfield (1952) found that the electrode forced patients to verbalize recollections derived from their memories, strongly indicating that the brain acts as a high fidelity recorder. Penfield described these recollections to be of single past recollections that appeared in the patient's consciousness whether they desired them to or not.

Penfield and Jasper (1954) concluded that experiences and the feelings associated with them are recorded in detail and one cannot be evoked independently of the other; this evoked recollection being the exact reproduction of what was seen, felt, and heard initially. Once information is stored, it remains indefinitely in the memory and is at least potentially retrievable even if one's ability to recall it disappears (Penfield and Roberts, 1959; Ruch and Zimbardo, 1971; Shiffrin and Geisler, 1973).

It must be noted here that Penfield's work has not been experimentally replicated. In a recent unsuccessful attempt to replicate the work of Penfield conducted at the National Instutute of Mental Health, Fadeo (1975) attributed this failure to differences in the material composition of the electrode and in the type of anesthesia used. Other scientists (Hicks, 1975; Mathura, 1975) agreed that such differences in apparatus can make for different results in experiments of this type.

The human personality is structured such that there are three ego states operating termed *Parent*, *Adult*, and *Child* (when capitalized reference is to ego states; when not, reference is to actual people) which are separable and distinct sources of behavior (Berne, 1961; 1964). Berne (1961) contended that ego states represent real people who presently exist or once existed, making them realities and not just abstract concepts.

The *Parent* ego state is composed of the advice, criticism, prejudices, moral values, and nurturance that parents give to their children (Berne, 1961; 1964). Recordings of all of the value judgments, moral decisions, and religious beliefs learned from parents, older siblings, and other influential people in one's life are found in the Parent ego state. They cause one to think, feel, act, talk, and respond as one observed one's parents and influential others behaving or responding during childhood (Berne, 1961; James and Jongeward, 1971).

The Adult ego state is oriented to current reality and objectively functions as a computer of the information gathered and fed into it (Berne, 1961; Hallett, 1974).

The Child ego state contains all of the natural feelings that one has during infancy (Berne, 1961, 1964; Harris, 1969). Berne (1961) stated that each person carried within a little boy or little girl with the same thoughts, feelings, actions, and responses that the person had during a certain age in childhood.

For children in America, ego state development is heavily influenced by the interactions they have with family members, the community, and society-at-large, all of which exist in a network of interdependent relationships (Berne, 1961; Parsons, 1951; Billingsley, 1968). The conditions of community life and the life style of the family are directly determined by those subsystems of values, politics, economics, health, welfare, and communications that serve to make up society-at-large (Parsons, 1951). For example, James and Jongeward (1971) contended that it is the larger society that dictates differential ego state development for males and females; females are programmed to be wives and mothers, be passive, banal, seductive, and nurturant. Men, on the other hand, are programmed to work and take care of things, be aggressive, successful, look manly, and manipulate women.

Developmentally, the Child ego state is the first to emerge and is the most valuable aspect of the personality (Berne, 1966; James and Jongeward, 1971). The infant centers his awareness around his own needs and comforts, seeking to avoid painful experiences and responding at the feeling level.

The Parent ego state develops next and is often first observed when young children play at imitating their parents (Berne, 1961; James and Jongeward, 1971). Hallett (1974) contended that some parents are pleased at the reflections their children show of them while other parents are shocked with disbelief.

The Adult ego state develops as the child tries to make sense of his world (Hallett, 1974). James and Jongeward (1971) also stated that the Adult is observed operating when children figure out how to manipulate others.

Although, according to Berne (1961), Penfield's work provided the major substantiating evidence for the concept of ego states, research of the phenomenon is not alien to the field of psychology. Experimentalists have explored the processes of association and memory for a long time. Verbal learning theorists have studied long and short term memory with special emphasis upon retention and recall. Cofer (1961), in a report of the proceedings of the Conference on Verbal Learning, stated that theorists are still uncertain as to how the phenomenon of forgetting can be explained.

Much discussion and research in this area of psychology are centered around attempts to determine if deterioration of memory trace actually occurs and if interference is responsible for it. Cofer (1961) stated that the conferring experimentalists (Deese, Goss, Bonfield, Russell, Noble, Fostman, and Underwood) agreed that "context in the process of recall is an extremely important variable and deserves much more study that it has had" (p.9).

Literature in the area of hypnotic regression further substantiates the concept of ego states. Bergson (1896) contended that there exists a "repeating" type of memory analogous to the mastering of a lesson; once learned, rememberance of this event does not differ from the initial or primary experience. Bergson (1896) further contended that this type of memory is not to be confused with mere "representation" of a past experience, for the memory is actually relived as though it were a part of the present.

Macurdy (1928) while working with Korsakoff patients, found that a person may fail to recognize or remember a person or happening although his behavior indicates that a mnemonic trace or registration of the person or happening is still present. He gave his full name and address to the patients and in a few minutes both were completely forgotten by them. When Macurdy later presented the patients with a list of 10 names and addresses, with his being among them, and asked the patients to guess which one they thought was his; the patients "guessed" correctly, demonstrating the permanence of information stored in the brain.

Hadfield (1928) was interested in the extraordinary feeling tone accompanying experiences that were relived. He found that forgotten details could be vividly recalled and much of the original effect associated with significant experiences seemed to be recovered in hypnotic regression.

Ginden (1951) hypnotically regressed a subject back to age six. He then instructed the subject to write his name on a blackboard, and subsequently, on a sheet of paper. When compared with actual writing in an old notebook provided by the subject's mother, the names were alike in every detail. Thus, Ginden (1951) contended that the possibilities of simple recall or simulation accuracy were very unlikely.

Dorcus (1956) reported that, according to ablation theory, when a person is hypnotically regressed to a certain age, all knowledge acquired after that age is absent. This theory is supported by studies that show that regressed subjects function on tests of all kinds as would a person of that chronological age. The tests used in these studies were tests of intelligence, the Rorschach, and drawing tests. Dorcus (1956) insisted that age-regression is a proven reality; however, more systematic research is needed to permanently settle the question of its genuineness.

Reiff and Sheerer (1959) stated that remembrances are accompanied by the consciousness of an "autobiographic index" of events which, otherwise unavailable to the normal conscious state, can be experienced during hypnotic regression. They contended that most essential is the fact that the event is accompanied by the experienced feeling. Reiff and Scheerer (1959) also spoke of involuntary memory; a scene of the past comes unbidden to the mind and is experienced in the "now". They observed that subjects experienced the recall of events as if for the first time.

Kroger (1963) contended that all memories, no matter how trivial, are stored in the brain and leave an indelible impression and that most of these can be recovered when the proper association pathways are stimulated. Kroger (1963) agreed with the ablation theory as described by Dorcus (1956) in that once a subject is regressed to a particular age, all memories following that age to which the subject is regressed are ablated. However, Kroger (1963) insisted that age-regression is a reinacted simulation of past events in the framework of the present and must be differentiated from revivification, in which he contended that the hypnotized person actually relives earlier events of his life. Regardless of the terminology used to describe the phenomenon, Kroger (1963) acknowledged that the actual reliving of an incident as though it were the time at which it occurred does exist.

Saunder-Das (1966) also contended that regression is of two types. One is the actual age regression in which the subject simulates the manners, characteristics, and writing prevalent at that age. The second type of "regression" Saunder-Das (1966) posited is the heightening or revivification of memory for a particular stage of a person's life. Saunder-Das (1966) stated that the memories for the particular period of concentration are sharpened; the person is aware that he is not the age suggested during hypnosis, but he/she still remembers the events or incidents which occurred then and can report the feelings that were associated with them.

Cheek and LeCron (1968) distinguished between complete and partial regression. In complete regression, the subject is told that he is a certain age and his consequent behavior appears to be of that age. Cheek and LeCron (1968) described the subject's voice as becoming childlike if regressed to age six with writing skills and results of intelligence and other tests given indicating the level of regression to be nearly as young as suggested.

Partial regression enables a person to relive an experience with all five senses functioning. Cheek and LeCron (1968) contended that the person sees, hears, feels, smells, and tastes as if these sensations are part of the event relived. They also stated that with partial regression, the person is aware of who he is and knows the identity of the hypnotist while simultaneously reliving the suggested time or experience. Cheek and LeCron (1968) stressed the value of this aspect of regression, in that the person gains insight; when taken back to a childhood incident, the person is able to understand it with an adult viewpoint.

Thompson (1976) contended that the nature of the "engram," the physical processes that form the basis of learning, is the most challenging problem in psychology today. Noting the difficulties experimental analysts encounter when trying to locate the engram, Thompson (1976) concluded that the memory trace does exist, although the evidence on its localization might lead one to conclude that the process of learning just does not occur.

Schwartz, Fair, Salt, Mandel, and Klerman (1976) found that covert muscle changes accompany cognitive processes that relate to different emotions elicited by imagery, using electromyographic procedures. They discovered that when subjects imagined happy, sad, and angry situations, different patterns of facial muscle activity were produced, and that these subtle, typically covert, facial expression patterns differentiated depressed from non-depressed subjects. Schwartz et. al. (1976) concluded that facial electromyography can provide a sensitive, objective index of normal and clinical mood states.

John (1976) has rejected most modern theories of brain function that relate specific physical and mental activities to certain places in the brain. His research has led him to conclude that vast regions of the brain are involved in every thought process, with some parts being more involved than others. John (1976) contended that physiological psychologists persist in maintaining the old theories of localized brain function which state that new connections are made between nerve cells in different parts of the brain when something is learned, despite evidence to the contrary. "The strongest contradiction is the failure of generations of physiological psychologists to find undeniable evidence for these supposed connections. Some researchers have erased memory by cutting parts of animals' brains. But a careful look at these experiments usually shows that the brain damage caused less specific deficits -- changes in motivation, attention, or sensory sensitivity -- and not the loss of a specific memory" (p. 48).

John (1976) proposed a statistical configuration theory which stated that many brain functions are distributed throughout most brain regions, but that some regions contribute more than others to any given function. He contended that if, as most theories assume, cells form connections during learning, they should reliably react to the learned stimulus and not to another. However, John (1976) found that the firing of any cell is random and variable, and that remembering requires the average pattern of a great many cells, not the activation of any one cell. John (1976) also found that, once the pattern of cell activity for a specific stimulus is identified, electrical replicas of the pattern could be used to stimulate cell activity, causing the subject to perform as though it were experiencing a familiar event when, in fact, it was not.

Dusay (1972) found that ego states exist within a symbiotic relationship, based on the hypothesis that when one ego state intensity increases, another must decrease because of shift in psychic energy which is represented in this psychophysiological equation:

$$(P + A + C)\ mm = K$$

P, A, and C represent all parts of ego states that may be separated. The part of the equation labelled "mm" is the variable having to do with biological or social factors. The "K" constancy is based on the clinical observation that when one variable goes up, another goes down. The implication is that there is a constant total amount of psychic energy, and the use by one ego state drains energy from another. This K factor determines to a great extent the mental health of an individual or group.

SUMMARY

Ego states as a psychological construct are very important for use by blacks operating in a racist environment, in which they are often subjected to repressive social games by whites (cf. Savage, Seawood and Pierce, 1972), because it localizes the degree to which generalizations can be made. Whites and blacks in America have not enjoyed totally a similarity of families and culture.

Ego states, although objectively recognizable, are subjectively personal, familial and cultural in their composition and expression, therefore, necessitating the employment of these factors in the construction of any mental health delivery system for blacks. Black therapists, mental health workers and other support persons are critical to a mental health delivery system that focuses primarily on a black clientele, because they are most familiar with black culture and have themselves as a part of history emerged from the black family. It is these commonly shared experiences that afford them the greatest opportunity for enhancing the quality of ego state development and expression in the black community.

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RESEARCH AND TRAINING FOR COMMUNITY CLINICAL PSYCHOLOGY

Robert V. Guthrie
Research Psychologist
Navy Personnel Research and Development Center
San Diego, California
and
Adjunct Associate Professor
University of Pittsburgh

INTRODUCTION

More than four years ago (July 1973), the American Psychological Association's Conference on Patterns and Levels of Professional Training held in Vail, Colorado make a series of strongly worded recommendations regarding the training of professional psychologists. Among these recommendations, four were specifically directed toward the training of clinical psychologists which have much relevance for us this morning:

(1) the offering of services to persons of culturally diverse backgrounds by persons not competent in understanding such groups was regarded as unethical;

(2) practicum and internships in "non-traditional" settings were recommended;

(3) traditional graduate admissions standards, i.e., standardized test scores, were considered inadequate in providing culturally diverse and socially responsive psychologists;

(4) an emphasis on training in primary prevention included an understanding of the "social and political origins of human distress."

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*The opinions contained herein are those of the writer and are not to be construed as official or reflecting the views of the Navy Department or the Department of Defense.

It is interesting to note that a year earlier, the Committee on Community Mental Health of the Association of Black Psychologists (1972) warned that a number of professionals currently functioning under the guise of community psychologists displayed a blatant lack of clinical skills and theories. These theories simply have fallen short in meeting the needs and values of America's minority communities. Hence, for the most part, clinical techniques, theories and training practices have fallen short and have been not only inadequate but insufficient and sorely in need of updating and/or re-calibration. For example, the Rorschach's dependence upon psychoanalytic theory for interpretation raises crucial questions as to its sensitivity and validity for individuals who have been the victims of a racist society among other things. Yet, the Rorschach is a widely used instrument for minority clients and has erroneously been called "culture-free" by many clinicians. In reality, this technique is far from being "culture-free or fair" for the Freudian based underpinnings are not culture-free and certainly most of the psychologists who have administered and interpreted this test are not "culture-free."

Another leading projective device of the traditionalist, the Thematic Apperception Test (TAT) calls for the process of identifying the "hero" and the environmental "forces" in stories which call for interpretive skills more often found lacking in the background, experience and training of traditional psychologists.

It is not my purpose this morning to provide documentation of the numerous attempts to design and utilize psychological measurement devices for minorities, but suffice it to say that the shortcomings have been well-documented in the literature. Another case in point which illustrates barriers to creativity and relevance is traditional psychology's reliance on strict statistical measurement devices and so-called "tight" methodological procedures to predict the behavior of all phenomena. The quantophrenic obsession for the utilization and applications of numbers and their accompanying formulas has been an outgrowth of psychology's historical heritage.

Taxonomic emphasis upon classification and groupings (a la "structuralism") has strongly influenced early American psychology and created a compelling interest in the teasing apart of the mind with what was euphemistically referred to as the "brass instruments" of psychology. The brass instruments of this research were used in psychology to quantitatively measure human responses to various sensory stimuli and for nearly 100 years since the Wundtian laboratory days, we are still victims of conducting only those studies which can be verified by our tools of measurement, i.e., we investigate those phenomena (e.g., just-noticeable-differences, etc.) which we feel safe to measure with our existing technology. Knowledge, then, becomes synonomous with measurement. However, we must not accept the precept that no knowledge whatsoever is possible without measurement, nor that such knowledge cannot be worth having.

The mistaken belief that only with statistical measurement can we maintain the scientific character of our discipline has created a falsity which is perpetuated in nearly every college and university in America. It has become increasingly difficult to convince quantophrenics who see truth in no less than .001 level of confidence (with replications, no less) to accept differing stances of research methodologies. (Nothing short of the possible rearrangement of their DNA molecules offers any hope.) The quantophrenic obsessed with frameworks, jargon, and techniques resembles a carpenter who becomes so worried about keeping his tools clean that he has not time to cut the wood. The chief advantage of the mechanical applications of routine techniques is that it permits a massive production of printed matter without much mental effort. (Andreski, 1972)

Quantitative methods of psychological research have embodied a great deal of sophistication and inventiveness; however, the quantophrenic reminds me of the old films with Laurel and Hardy or Charlie Chaplin where you would see boxers flexing their muscles, making energetic kneebends, fierce faces and menacing gestures, and then waving their arms in the air without ever coming to blows. The proof of the pudding is, after all, in the eating and the methodological rigorists are like cooks who would show us all their shiny stoves, blenders, and what not, without ever making anything worth eating. (Andreski, 1972)

Despite the many promises about imminent break-throughs, no discoveries in psychology have been made with the aid of the ultrasophisticated quantitative methods which would add significantly to our ability to explain or predict such social psychological events as racism, intrapunitive behaviors, etc. One more point before I leave this issue: Nobody could ever guess what the burning issues are in black American communities from reading most of the APA and similar professional journals. Worse even, if he knew what the issues were, he or she could scarcely further his or her understanding of them by reading those periodicals that resort to extreme levels of statistical analyses. Frankly, Ebony and Jet magazines furnish a far better insight into black American reality than all the psychological and sociological journals combined.

Now all of this leads me into an underscoring of the four kinds of research categories (Yankelovich and Barrett):

(1) Useful and True
(2) Useful and False
(3) Useless and True
(4) Useless and False

As disenfranchised minority scholars who will focus upon the needs of black communities we can ill afford efforts in the last three categories.

THEORETICAL BASES FOR URBAN CLINICAL PSYCHOLOGY

Psychological diagnosis is in itself often misleading and tells us little about the client; however, it reveals much more about the environment in which an observer finds him. Anthropological data suggest that behaviors labeled as bizarre in one culture might be considered acceptable in another culture even if these cultures are contiguous rather than separated by continents or great distances. Fanon (1952) stated it succinctly: "A normal Negro child, having grown up within a normal family, will become abnormal on the slightest contact with the white world." Suggestive here is an expression of societal reaction theory which holds that "normalcy" categorization and labeling follow the need of the power holders in a given society.

The whole question of societal reaction theory (labeling) follows certain taxonomic features:

(a) behaviors represent deviations from what is believed to be normal in particular sociocultural groups;

(b) the norms against which the deviations are identified are different in different groups;

(c) like other forms of deviation, they elicit societal reactions which convey disapproval and stigmatization;

(d) a label of mental illness applied to a person whose behavior is deviant tends to become fixed;

(e) the person labeled as mentally ill is thereby encouraged to learn and accept a role identity which perpetuates the stigmatizing behavior pattern;

(f) individuals who are powerless in a social group are more vulnerable to this process than others are; and

(g) because social agencies in modern industrial society contribute to the labeling process, they have the effect of creating problems for those they treat rather than easing their problem. (Murphy, 1976)

Based on these frames of reference, behavior to a significant degree is determined by interaction of person and environment.

Systems Analyses

In order to assist in comprehending the impact of this interaction, training and education need to focus upon a systems analysis to provide an understanding and theoretical base for individual and group behavior. Systems analysis does not simply mean a multiplicity of diagrams showing flows and feedbacks but includes a taxonomy which distinguishes a pattern of controlled and uncontrolled behaviors in an environment. (Kuhn, 1973)

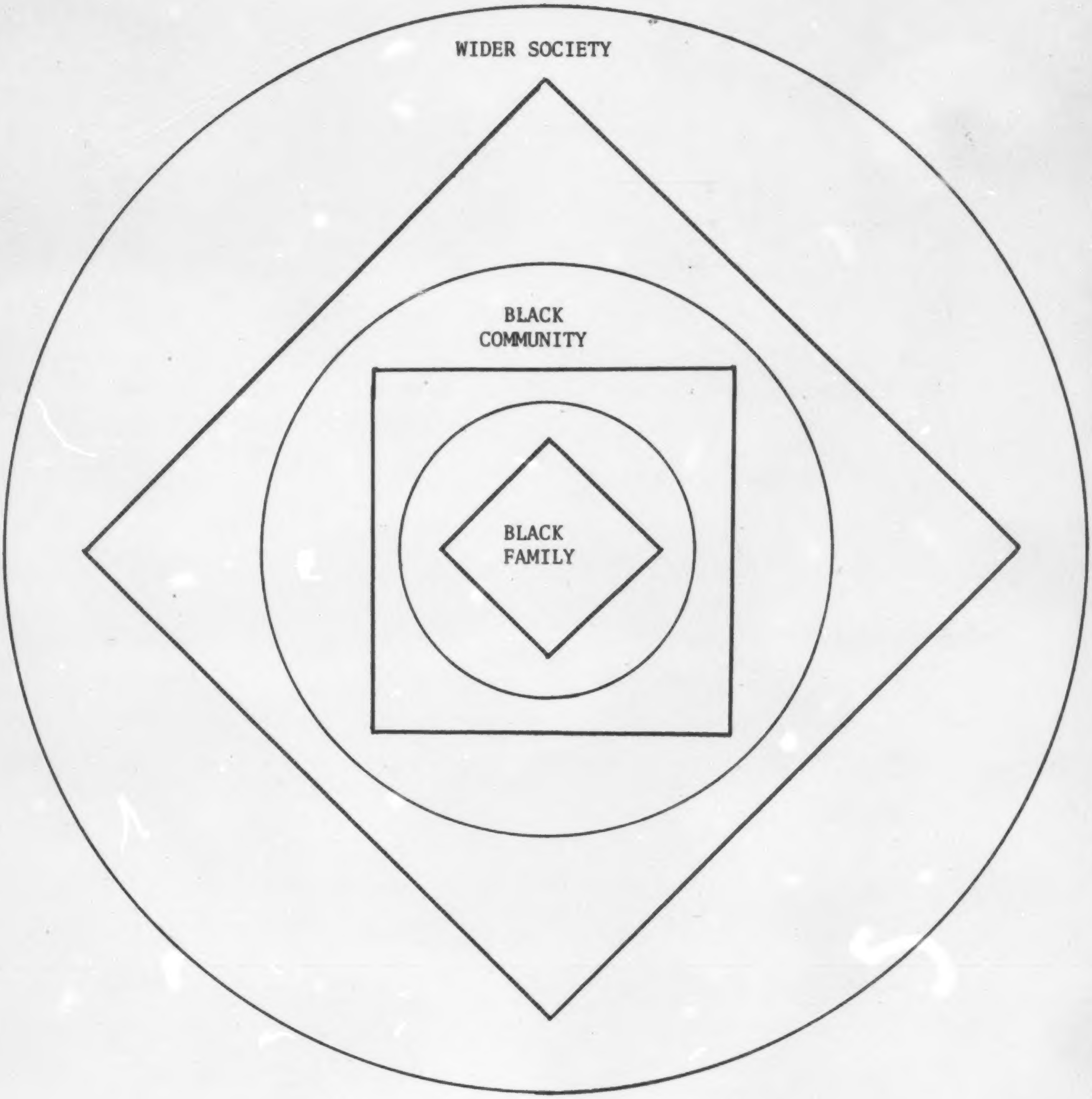
WIDER SOCIETY
BLACK COMMUNITY
BLACK FAMILY

Figure 1

The black family as a social system. (Adapted from A. Billingsley, "Black Families in White America" in E. J. Barnes, The Black Community)

THE CITY AS A SYSTEM

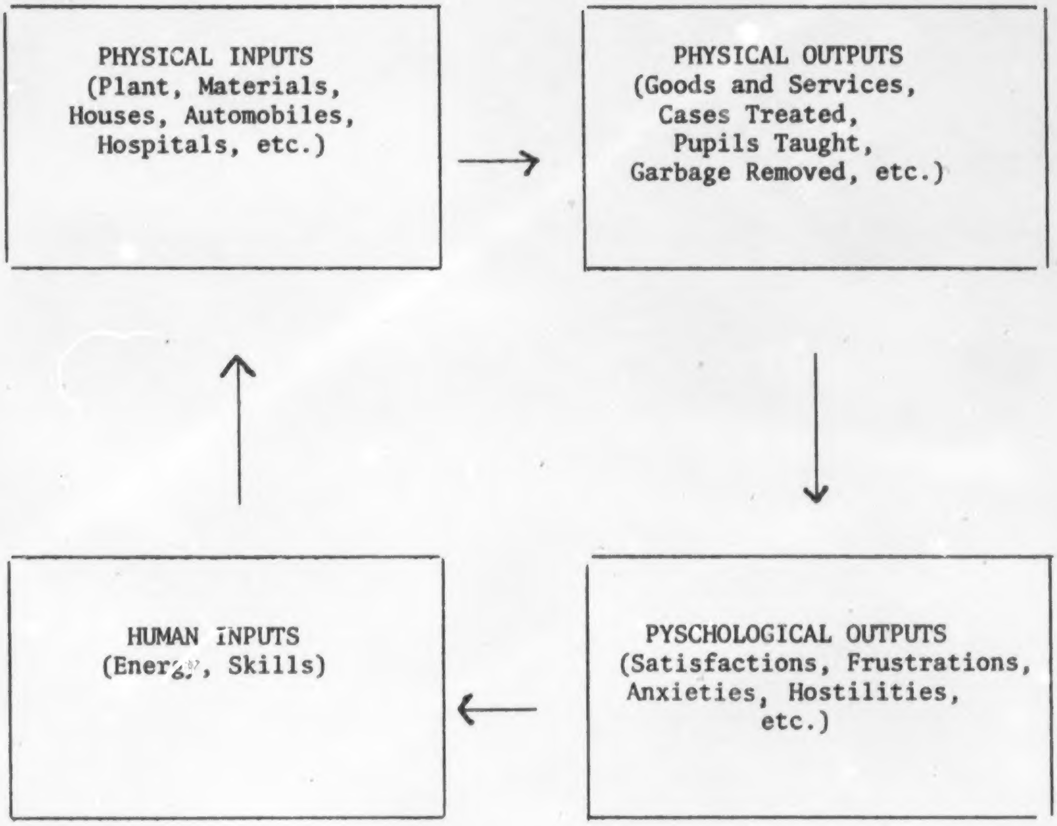
PHYSICAL INPUTS
(Plant, Materials, Houses, Automobiles, Hospitals, etc.)
PHYSICAL OUTPUTS
(Goods and Services, Cases Treated, Pupils Taught, Garbage Removed, etc.)
PYSCHOLOGICAL OUTPUTS
(Satisfactions, Frustrations, Anxieties, Hostilities, etc.)
HUMAN INPUTS
(Energy, Skills)

Figure 2

According to Barnes (1972) a social system is an aggregation of social roles or persons bound together by a pattern of mutual interactions and interdependence. It has boundaries which enable us to distinguish the internal from the external environment, and typically it is both a system for social units smaller than itself, and a subsystem for social units larger than itself. A valid case in point is the analysis of the black family as discussed by Billingsley (1968) which illustrates the interactions and interdependence within a larger context. (See Figure One)

While all such environments can be analyzed by such a systemic evaluation, the urban black milieu is of particular complexity. For this reason, the urban environment can be characterized by a feedback loop involving human efforts, satisfactions, frustrations, and community services. Figure Two outlines the possible inputs and outputs of the system and its interactional sequences. One psychological approach to understanding the urban system proposes that we focus on the human beings who are the atoms, the irreducible units of ths system. By this definition, the behavioral condition(s) of an individual may be viewed as an output of the system. At every point and interaction in the loop, specialized needs exist.

CENTRAL THRUSTS FOR TRAINING PROGRAM

The central thrust of such a systems analysis, in a training program of this nature, is toward the evaluation, diagnosis and prognosis of individuals, groups and institutions in those communities subjected to the influences of the urban environment, e.g., existing in areas of high population density; living on marginal incomes or with marginal expenditures for homemaking or childbearing; living in clusters isolated from one another by barriers of ethnicity and/or race; living in proximity to high crime areas; delinquency, addiction and their consequences; and/or living under the guidance of value systems often not consonant with value models which have been expressed by the majority community.

One behavioral aspect of such environmental conditions can be viewed in the parallel drawn by Pierce (1974) between oppressive, stressful, urban conditions and exotic environments where humans live under great duress, such as during a space expedition. He feels that the inner-city youngster experiences far greater stress than an adult on a space vehicle. Pierce constructs interesting hypotheses about life in the mundane stressful environment.

As a result of such possibilities, the implementation of this central thrust for training programs, a basic comprehension of the urban environment, is essential. Of high priority among the competencies expected of psychologists and adjunct mental health professionals is understanding the influences of the psychological and other behavioral characteristics of urban residents based on such variables as density, poverty, racism, often depressed surroundings and disparate value systems. The understanding which is sought is related chiefly to psychological variables which have a major influence on behavior. It is not expected that the urban clinical psychologist be expert in urban economics, housing, transportation, recreation and the like. What is expected is knowledge of the existence of environmental variables and the ways in which they shape the nature of individual and group behavioral patterns in urban settings.

The competencies based on this knowledge require more than mere awareness of environmental influences or affective commitments to do "good" without reference to the recipients of such favors. At the professional entry level, over and beyond clinical competencies, knowledge of the findings of research into the impact of urban environmental factors on behavior and of the postulates found in the theories of social psychology are strongly recommended. Since the research postulates and theories are far from complete, sometimes contradictory, and exhaustively demanding of further study, it is expected that the psychologist will possess this knowledge at the level of familiarity extended enough to suggest action decisions in practical settings.

Training courses and seminars are necessary to expose trainees to the research findings and theoretical positions. Practicum and internship experiences should provide opportunities to develop skills and to practice decision-making under adequate and skilled supervision. The research requirements for various levels of training should also provide some exercise in independent but supervised investigation of variables and theories.

In the quest for skills and knowledge involved in the examination of relevant attributes, such training should require competencies in the use of intellectual, social, and personality measurements and the integration of them with descriptive data obtained by health and social workers, and other mental health workers. Interpretation of such measures requires consideration of the relationships within the individual and relationships with normative references, particularly those norms which are based on the individual's

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social and economic milieu. Also involved is familiarity with research and theory which bear on the relation between assessed traits and development, e.g., conventional psychometrics describe bands of aggregate performance for certain kinds of behavior and attainments but offer negligible evidence for the estimation of survival needs and of certain other dimensions of personal and social development. (The skills and knowledge derived from an examination of social systems models has particular reference to group behavior, e.g., cultural patterns.)

The clinical psychologist also needs from social psychology, sociology, cultural anthropology and economics methods of examining modes of behavioral interactions which facilitate or inhibit wholesome development. These kinds of analyses can yield information concerning social indicators of behavior, when reinforcements should be given the understanding between the balance of authority and autonomy, sensitivity to individual anticipations, climates of positive acceptance or of threats to security, and therapeutic goals. Such dynamics as these can be potent determiners of success in a therapeutic relationship and life adjustment. In fact, the postulate which may be most basic to this paper is the management of the multiple-relationships of individual-peer-authority-home-community has much more significance for one's mental health than have assessments of personality or psychotherapies however skillfully applied.

While the focus here has been based on the individual client, the same skills and knowledge are relevant to others who have rights equal to the client's protection from irrational environments. It is readily admitted that all is not known about the analysis and management of social systems but this admission is made with the recognition that all the data are not yet in on any specified dimension of the therapeutic business. It is certainly true that the positive results of certain strategies dealing with the management of social systems have given more cause for optimism than have, for example, diagnostic groupings.

The cultivation of skills and knowledge for analysis and management of social systems can be developed through study in courses and seminars based on appropriate research and theory which are available and relevant, including exposure to the literature and examination of its merits. Beyond didactic study is the observation of real events especially in urban settings and practice under supervision of the methods of analysis. Competencies in systems analyses can be established more readily than competencies of social systems.

PROGRAM OBJECTIVES

In addition to traditional training objectives designed to prepare clinical psychologists, the following program objectives are presented. (There will undoubtedly be those which may overlap.)

(1) To prepare psychologists who are highly competent in the use of psychological tools and concepts in studying, assessing, remediating or preventing mental health problems in urban communities.

(2) To prepare psychologists who focus on an individual's personal and social development.

(3) To prepare psychologists who can identify and evaluate those positive attributes in order to capitalize on strengths rather than upon deficits.

(4) To emphasize perceptiveness on the part of psychologists in order to develop their sensitivity to the nature, issues and problems of the inner-city.

(5) To emphasize understanding and participation in the multi-cultures and motivations of the people who live in the inner-city.

(6) To familiarize psychologists with the social, health and welfare services available in the urban community and to prepare them to make use of such agencies.

(7) To establish competency in the use of appropriate information, including but not limited to test data, for the assessment of cognitive functioning, personal adjustment, motivation and attitudes.

(8) To train psychologists in the collation and assessment of non-test observations.

(9) To develop competencies in varied psychological therapies and procedures used to meet the needs of individuals and their communities.

(10) To develop competencies allowing the psychologist to work in and understand the community as a social system.

These general objectives can be implemented through specified behavioral competencies which are identified in the following section.

BEHAVIORAL COMPETENCIES ESSENTIAL FOR PERFORMANCE

Psychologists should have demonstrated, at professionally accepted and consistent levels, the following attributes:

(1) Perceptiveness, understanding and capability for productive interactions with individuals in urban settings.

(2) Ability to work with professional personnel in enhancing the mental health potential of urban inhabitants.

(3) Ability to establish rapport and sensitivity relating to therapeutic interactions with individuals in urban settings.

(4) Ability to conduct individual and group evaluative and diagnostic studies and to develop appropriate recommendations which include the specific ability to:

  evaluate the current functional level of an individual's mental health condition;

  identify strengths and weaknesses of an individual's mental health attributes;

  assess personality and social factors which affect an individual's personal and social adjustment;

  prepare individual therapeutic prescriptions and procedures to meet the needs for mental health;

  provide individual and group counseling/therapy geared toward the needs of individuals in urban settings.

(5) Ability to assess behavioral conditions from non-test observations.

(6) Ability to work in and understand the urban community as a social system.

These general objectives can be implemented through specified behavioral competencies which are identified in the following section.

BEHAVIORAL COMPETENCY STUDY

The proposed program to prepare urban clinical psychologists should be a coherent whole rather than a series of isolated experiences. At the same time, certain courses or seminars or practica should be allocated major responsibility for assuring that students have ample opportunity to acquire the requisite competencies. Since specific course listings will differ from institution to institution and in many cases new offerings will be designed to meet the needs of the general objectives, there is no mention of course titles in this section.

BEHAVIORAL COMPETENCY STUDY

Identify and List the Behavioral Competencies Needed for Effective Performance(s) in the Specific Areas	Activities, Experiences and Courses Designed to Develop Each Competency
1. Perceptiveness, understanding, and capability for productive interactions with individuals in urban settings.	1. Students should be admitted to the program based in part on evidence of prior experience and, in part, on the impressions gained from an admissions interview committee. This competency may be shown through the testimony of earlier employment or by the impressions accumulated by the interview team. If the competency is not yet fully evident at admission, the student should be placed, for orientation and practicum, in a setting where the competency can be acquired during the early part of training.
2. Ability to work with professional personnel in enhancing the mental health potential of urban residents.	2. Students should be given problems to solve in real or simulated situations as part of seminars and courses. Their solutions should be critiqued by appropriate faculty members and other students to help sharpen abilities to deal correctly with attitudes and behaviors on the part of the community.
3. Ability to establish rapport and sensitivity relating to therapeutic interactions with individuals in urban settings.	3. This competency will show specifically in seminars, training sessions and practices.

4. Ability to conduct individual and group evaluative and diagnostic studies and to develop appropriate recommendations which include the specific ability to:	4. Achievement of this competency calls for an amalgam of carefully designed learning experiences involving classroom instruction and practicum experience. It is envisioned as a spiral in which didactic instruction interweaves increasingly complex levels with supervised practice in the community.
a. Evaluate the current functional level of an individual's mental health condition.	a. Through classroom instruction, students should be taught guidelines for evaluating functional levels of mental health. Particular attention will be given to knowledge concerning psychology of black communities and other oppressed minority groups. Coincident with classroom instruction students should receive supervised practice in evaluation and assessment of urban conditions which impinge upon behavioral reactions. Experience should be provided with actual conditions in community mental health units, clinics, etc.
b. Identify strengths and weaknesses of an individual's mental health condition.	b. Students should receive supervised experience in a variety of procedures used for obtaining and evaluating first hand reports regarding learning, personality and social strengths and deficiencies. They should be taught the use of standardized and informal diagnostic tests in terms of cultural differences and normalization data. Laboratory and field instruction should be correlated with didactic instruction in attitudinal and value measurement.
c. Assess personality and social factors which affect an individual's personal and social adjustment.	c. Techniques of group and individual observation and testing of social and personal characteristics will be demonstrated by specialists. The techniques of observation and testing should be practiced by students along with their formal instruction in personality theory and in social psychological theory.

d. Prepare individual therapeutic prescriptions and procedures to meet the needs for mental health programs.	d. Various psychotherapy techniques should be taught through actual participation. Concerns of social issues should be interwoven in the sessions so as to sensitize needs for its recognition. Techniques for involvement in community mental health programs should be instructed.
e. Ability to provide individual and group counseling/therapy geared toward the needs of individuals in urban setting.	e. Students will participate in clinics, units, and other available community efforts with special emphasis on understanding urban programs. In this process, the student will undergo a program to understand him/herself in relationship to mental health.
5. Ability to assess behavioral conditions from non-test observations.	5. Students will receive instructions and supervised practice in preparing written and oral explanations of behavior emanating from urban environments. The explanations should be checked for factual and theoretical accuracy and for clarity of communication to the intended target of persons. The students should be shown how to draw both short-range and long-range implications from observed behavior, leading to recommendations. Students should be exposed to an understanding and appreciation for value priorities found in inner-city environs. The ability to establish rapport will be emphasized. Special attention should be given to the student's learning to use vocabulary and illustrations which are readily understood in the inner-city setting.

6. Ability to work in and understand the urban community as a social system.	6. Theoretical instruction should be presented in understanding and utilization of social systems analyses. Emphases of this instruction should be specifically directed to goals, perceptions and paths of action. Inherent in the understanding of social systems are the relationships of goal attainment with aspirations, frustrations and achievements. Psychological urban indicators which focus on the frequency and intensity of satisfaction (or dissatisfaction) with aspects of urban life perceived as important by citizens should be thoroughly analyzed.

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Ms. Nancy Cudemore
South Central Mental
Health Center
Atlanta, Georgia

Dr. Wilbert Daniels
Fort Valley State College
Fort Valley, Georgia

Dr. Pearl Dansby
Tennessee State University
Nashville, Tennessee

Dr. Jerry Davis
Atlanta University
Atlanta, Georgia

Ms. Jaalynne Dodson
Atlanta University School of
Social Work Research Center
Atlanta, Georgia

Mr. Alvin R. Dollar
Day Labor Service Center
Atlanta, Georgia

Dr. Cecil Duncan
Southern University
Baton Rouge, Louisiana

Dr. O. W. Eagleson
Spelman College
Atlanta, Georgia

Dr. Weldon Elbert
Atlanta Junior College
Atlanta, Georgia

Mr. Charles English
Clark College
Atlanta, Georgia

Ms. Joyce Farley
Southside Comprehensive
Health Center
Atlanta, Georgia

Ms. Johnnie Mae Fuller
Morehouse College
Atlanta, Georgia

Dr. Gail Gibson
Alabama A&M University
Normal, Alabama

Dr. Carlton Goodlett
San Francisco Sun Reporter
San Francisco, California

Ms. Edith Gordon
Atlanta University
Atlanta, Georgia

Dr. Anna Grant
Institute of the Black Family
Morehouse College
Atlanta, Georgia

Mr. Roland Grant
Human Resources Center
Daytona Beach Florida

Mr. Ernest Green
City of Atlanta
Atlanta, Georgia

Dr. Robert Guthrie
Navy Personnel Research
and Development Center
San Diego, California

Ms. Marva Hackney
Atlanta Public Schools
Atlanta, Georgia

Ms. Muriel Hamilton
Atlanta University
Atlanta, Georgia

Ms. Ruby Hamilton
Urban Health Journal
Atlanta, Georgia

Ms. Queen Campbell Hardy
Grady Hospital Department of Psychiatry
Atlanta, Georgia

Ms. Sally Hardy
Allen University
Columbia, South Carolina

Ms. Pat Hater
Day Labor Service Center
Atlanta, Georgia

Ms. Shelia Head
Grady Hospital Social Service Department
Atlanta, Georgia

Ms. Yvonne S. Hill
Alabama A&M University
Normal, Alabama

Ms. Renee Hoffman
South Central Mental Health Center
Atlanta, Georgia

Dr. Carrell P. Horton
Fisk University
Nashville, Tennessee

Mr. Walter Huntley
Office of the Mayor
Atlanta, Georgia

Ms. Gloria James
Day Labor Service Center
Atlanta, Georgia

Ms. Camille Jeffers
Atlanta Regional Commission
Atlanta, Georgia

Dr. Dorris Jeffries
Atlanta University
Atlanta, Georgia

Ms. Dutchie Johnson
Florida Memorial University
Miami, Florida

Ms. Mary Ann Johnson
City of Atlanta
Atlanta, Georgia

Mr. Dan Jones
North Carolina Central University
Durham, North Carolina

Ms. Marion Jones
Postgraduate Center for Mental Health
New York, New York

Ms. Charlene Joseph
Central City Community Health Clinic
Atlanta, Georgia

Dr. Joy P. Kannarkat
Norfolk State College
Norfolk, Virginia

Ms. Linda Katz
South Central Mental Health Center
Atlanta, Georgia

Mr. Roy Kennix
University of Georgia
Athens, Georgia

Ms. Florence Lemmon
Southside Comprehensive Health Center
Atlanta, Georgia

Ms. Helen DuBose Lemmons
South Central Mental Health Center
Atlanta, Georgia

Ms. Elaine Lynch
Grady Memorial Hospital
Atlanta, Georgia

Dr. Harold Mallory
Fort Valley State College
Fort Valley, Georgia

Ms. Barbara Mason
South Central Mental
Health Center
Atlanta, Georgia

Dr. Calvin Matthews
Alabama A&M University
Normal, Alabama

Dr. Thom Moore
University of Illinois at
Urbana Champaign
Champaign, Illinois

Ms. Martha Murray
National Association of Businessmen
Atlanta, Georgia

Ms. Virgie McCullough
Central City Community Health Clinic
Atlanta, Georgia

Mr. Joseph McIver
Grady Memorial Hospital
Atlanta, Georgia

Dr. Harold McPheeters
Southern Regional Education Board
Atlanta, Georgia

Dr. Claire Orson
Florida Memorial University
Miami, Florida

Ms. Cora Paige
South Central Mental
Health Center
Atlanta, Georgia

Dr. Constance Palms
Fort Valley State College
Fort Valley, Georgia

Ms. Sandra Borders Paterson
Community Relations Commission
Atlanta, Georgia

Ms. Margie Peterson
Southside Comprehensive
Health Center
Atlanta, Georgia

Dr. M. Henry Pitts
St. Elizabeth Hospital
Washington, D.C.

Ms. Karen Pleas
Central City Community Health Center
Atlanta, Georgia

Mr. Louis A. Ramey
Southern Regional Education Board
Atlanta, Georgia

Dr. Alvin Ramsey
Morehouse College
Atlanta, Georgia

Ms. Katie Ramsey
Clark College
Atlanta, Georgia

Ms. JoAlice Ray
South Central Mental
Health Center
Atlanta, Georgia

Mr. George W. Roberts
Morehouse College
Atlanta, Georgia

Ms. Gwendolyn Roquemore
Morehouse College
Atlanta, Georgia

Ms. Susan Ross
Atlanta Black United Fund
Atlanta, Georgia

Dr. Sandra Rouce
University of Houston
Houston, Texas

Ms. Denise Rouse
United States Public Health Service
Atlanta, Georgia

Ms. Lois Sanders
Tennessee State University
Nashville, Tennessee

Ms. Phyllis Sanders
Grady Psychiatric Day
Treatment Center
Atlanta, Georgia

Dr. James Savage
Howard University
Washington, D.C.

Dr. Sarla Sharma
North Carolina A&T Universtiy
Greensboro, North Carolina

Ms. Ann Sims
Central City Community Health Clinic
Atlanta, Georgia

Ms. Evelyn L. Smith
Central City Community Health Clinic
Atlanta, Georgia

Dr. Lynette E. Smith
Board of Education
New Orleans, Louisiana

Bishop Woodrow Smith, Jr.
Spelman College
Atlanta, Georgia

Dr. Robert Smothers
Atlanta University
Atlanta, Georgia

Ms. Vanessa Snow
Central City Community Health Clinic
Atlanta, Georgia

Dr. Carol B. Stack
Duke University
Durham, North Carolina

Ms. Mabel Stevenson
Child Services and Family Counseling
Atlanta, Georgia

Mr. Sam Stevenson
National Institute of Mental Health
Regional Office
Atlanta, Georgia

Dr. David Stewart, Jr.
Meharry Medical College
Nashville, Tennessee

Dr. Dorothy G. Stewart
Tennessee State University
Nashville, Tennessee

Joyce S. Strachan, M.D.
Atlanta, Georgia

Dr. Douglass Tate
Alabama A&M University
Normal, Alabama

Mr. Kevin Taylor
Morehouse College
Atlanta, Georgia

Dr. David Terrell
Meharry Medical College
Nashville, Tennessee

Ms. Muriel Tinninghast
Atlanta University School of
Social Work
Atlanta, Georgia

Ms. Leota M. Tucker
Welfare Board Director
New Haven, Connecticut

Dr. Robert Tucker
Yale University
New Haven, Connecticut

Ms. Gwendolyn W. Vance
Community Relations Commission
Atlanta, Georgia

Ms. Shelia Vinson
Morehouse College
Atlanta, Georgia

Ms. Phylliss Waddell
Social Services Department
Grady Hospital
Atlanta, Georgia

Dr. Gwendolyn Wade
Texas Southern University
Houston, Texas

Mr. Lyndon Wade
Atlanta Urban League
Atlanta, Georgia

Ms. Naomi T. Ward
Atlanta University School of
Social Work
Atlanta, Georgia

Mr. Gary Ware
Morgan State University
Baltimore, Maryland

Dr. Carolyn Wells
Southern University
Houston, Texas

Ms. Lonnie M. Wesley
Florida A&M University
Tallahassee, Florida

Dr. Keturah E. Whitehurst
Virginia State College
Petersburg, Virginia

Mr. Curtis Willis
Southside Comprehensive
Health Center
Atlanta, Georgia

Mr. Verel V. Wilson
Department of Human Resources
Atlanta, Georgia

Dr. Woodrow Wilson
Association of Black Psychologists
Atlanta, Georgia

Dr. Raymond Winbush
Alabama A&M University
Normal, Alabama

Ms. Elleen Yancey
South Central Mental
Health Center
Atlanta, Georgia